

The Madriella Doula Network



Program Catalog 2024-2026

Navigate the Catalog

The Table of Contents are hyperlinked, you may click on a specific topic and go directly to that page. A **course syllabus** is included in each course description.

The information presented here is current as of the time of printing. To make sure you have the most up to date version of this catalog please visit our website, Madriella.org. The Madriella Doula Network Trademark is owned by the Somatic Arts and Sciences Institute and this catalog is protected by the copyright laws of the United States.

Table of Contents

THE MADRIELLA Doula NETWORK

| | |
|--|----|
| Organizational Philosophy | 3 |
| Mission Statement | 4 |
| Educational Goals and the Five Facets of Support | 5 |
| Statement of Nondiscrimination | 10 |
| History and Founding | 10 |
| Outreach Initiatives | 11 |
| Hospital/Organizational Partnerships | 14 |
| Position Statements | 15 |
| The Advisory Board | 16 |

MEMBER INFORMATION

| | |
|---|----|
| Standards of Practice | 17 |
| Code of Ethics | 19 |
| Grievance Procedures | 19 |
| The Smart ID Badge | 21 |
| Digital Badges | 22 |

TEACHING METHODOLOGY

| | |
|---|----|
| 21st Century Teaching Methods | 23 |
| Hands-on Training Requirement | 24 |
| Licensed Independent Training Providers and Instructors | 24 |
| Efficacy and Medical Accuracy | 25 |
| The Overriding Concern | 25 |

ADMISSIONS AND SCHOOL POLICIES

| | |
|--|----|
| Admission Procedures and Requirements | 26 |
| International Students | 26 |
| Veterans and Active Duty Military/Dependents | 26 |
| Enrollment Fees | 26 |
| Financial Aid | 27 |
| Refunds | 28 |
| Required Textbooks | 28 |
| Disability Services | 28 |
| Diversity and Inclusion Policy | 28 |
| Statement of Student Responsibility | 28 |
| Academic Integrity | 28 |
| Conferral of Certifications | 28 |
| Course Prerequisites | 28 |
| Examination Policy | 29 |
| Grade Disagreements | 29 |

CERTIFICATION PROGRAMS

| | |
|---|----|
| Birth Doula | 31 |
| Postpartum Doula | 40 |
| Breastfeeding Educator | 47 |
| Childbirth Educator | 52 |
| Young Parent Support Specialist | 60 |
| Loss and Bereavement Doula | 65 |

DOULA CONTINUING EDUCATION

| | |
|--|----|
| Professional Development | 69 |
| Understanding Developmental Disabilities | 74 |
| Trauma-Informed Care | 79 |
| HIPAA Compliance for Doula | 85 |

THE MADRIELLA Doula NETWORK

Organizational Philosophy

The Philosophy of The Madriella Doula Network can be encapsulated with this simple statement; all women deserve an opportunity to learn birth support skills.

The Madriella Doula Network strives to be an instrument of empowerment and growth for all of our students. It is our most fervent desire that each graduate of Madriella go on to teach the women in their community; their Doula clients and new mothers and families through Childbirth and Breastfeeding workshops.

This program began as a means to meet a need for birth support training in communities that had no access to other Doula training programs and that is at the heart of everything we do, from implementing new technologies that connect us with students around the world, to partnering with governments, hospitals and women's health centers to make our curriculum available to those who would not otherwise be able to afford Doula training. Through our Outreach Initiatives and Organizational Partnerships we are creating safe and judgment free centers of learning in every state and around the world.

The name “*Madriella*” means *Beautiful Mother*, and that is what we believe, that motherhood is beautiful, sacred and something, to be shared and celebrated and by everyone.

In our collective human past women were always attended by their peers when they gave birth. Experienced mothers, aunts and older sisters and friends helped each new mother in the making, and young girls learned the secrets of birth from watching them. They were encouraged to learn, because our great-grandmothers knew two very important things about birth; *Fear amplifies pain*, and *knowledge dispels fear*.

While we are truly thankful for the advancement in modern medicine and all of the life saving technology it has given us, we believe that knowledge of the traditional birth arts is the rightful legacy of all women. Rather than railing against modern medicine we teach our members that we have something incredibly valuable to contribute to it. Compassion and empathy, when combined with knowledge of anatomy and the physiology of birth, are powerful and primordial elements that can only improve the maternal outcomes of women everywhere.

We are proud to be at the forefront of a new era for motherhood. The Doula movement is not a Revolution, it's a ***Renaissance***. It's a rediscovery of the ineffable magic of birth and the undeniable strength and power of bodies that are fearfully and wonderfully made.

Bringing this education to women around the world is a humbling honor that the staff of Madriella takes very serious, and that is something we try our best to impart to all of our students and members. To serve a mother at her side during the single most important moments of her life is no small thing. To be a birth assistant is a privilege to be undertaken with reverence, awe and immense gratitude for the trust that is given to us.

Welcome to Madriella!

Mission Statement

The mission of Madriella is to make birth support knowledge and skills available to people everywhere, regardless of where they live and what their socioeconomic status is. Our Mission Statement is expressed in four core beliefs.

- We believe that birth is a sacred event, and that motherhood is an anointed institution.
- We believe that all women need and deserve the support of other women during pregnancy and birth.
- We believe that the knowledge of labor support is the heritage of all women and should be shared.
- We believe that financial blessings are a result of the sharing of knowledge and that our members deserve to benefit from it.

We are trying to foster a paradigm shift in our culture, *to make Doula training as common as CPR/First Aid courses are*. The benefits of continuous birth support for maternal outcomes, as demonstrated by numerous studies¹, makes teaching the Doula Arts a moral imperative, especially in the poorest communities where educational resources are limited.

Giving birth can be an empowering rite of passage for women, but it can come with risks, including maternal and infant mortality. Our modern medical establishment has done an amazing job of reducing those risks by encouraging hospital births and introducing interventions such as inductions, optional cesarean sections, and various analgesics. While we absolutely recognize that there is a place for necessary medical interventions, there are many cases in which such interventions have negative impacts, for the mother, her partner and the baby. These negative impacts can burden the new family for years to come, and since we are all interconnected, that effects all of society.

If we can reduce the need for medical interventions in birth and help mothers have healthier, happier births, we have an obligation to do so.

We know that there is no shortage of people that want to learn birth support, the obstacles that stand in their way is geographic and financial. Our mission, as expressed in the four beliefs above, is to find a way around those obstacles, so that nothing stands in the way of someone that wants to learn how to support a mother during pregnancy and birth.

We work hard to make this program accessible and affordable for people everywhere because it's the right thing to do.

1 <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD003766.pub5/full>

Educational Goals

The Madriella program is built around the **Five Facets of Support model**, and the educational goals of our courses are all designed to develop proficiency in these different aspects of Birth Support.



Pregnancy is a difficult time emotionally. Stress and anxiety come with the territory. In order to provide emotional support to a woman during this time you need to understand the root cause of her feelings.

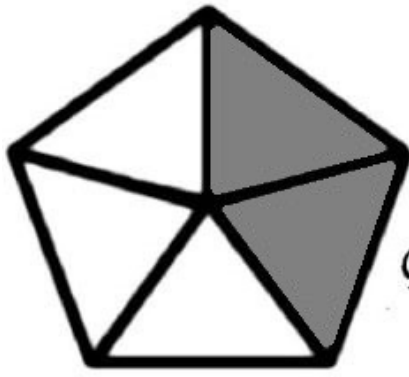
Pregnancy is a time of change. Everything is changing. The women's life is changing; her relationship with her partner, even her body is changing. Change can be very unsettling in the best of circumstances. As creatures of habit, we are comforted by the routines of life.

The women's body is working hard to nurture the baby, leaving her fatigued and sometimes on edge. Things that didn't bother her before may cause her to dissolve into tears. She may become frustrated when her added weight prevents her from doing things she was once quite capable of. If it is her first baby she may feel overwhelmed at times at the thought of caring for a baby.

Emotional Support Goals

By completion of the Birth Doula program the student will be able to

- Use Active Listening and receptive, non-judgmental language.
- Demonstrate skill and discernment in producing and interpreting nonverbal forms of human expression.
- Employ effective communication in written and oral modes that incorporates an understanding of purpose, emotion, and context.
- Demonstrate applied knowledge of culturally sensitive communication.
- Describe the principles of Trauma-Informed Care as they apply to Doula practice.



Physical Support



The second of the five facets of Doula support is the Physical. A Madriella Doula provides physical support in two ways:

- 1) Physical comfort measures during labor (Massage, positioning, touch etc).
- 2) Preparatory exercises and positioning (before labor begins).

In addition to being continuously present during labor and the birth, Madriella Doulas are expected to work with the mother before she goes into labor, teaching her (and her partner, if applicable) different physical comfort measures and simple positioning and gentle and safe exercises to facilitate a birth positive mindset.

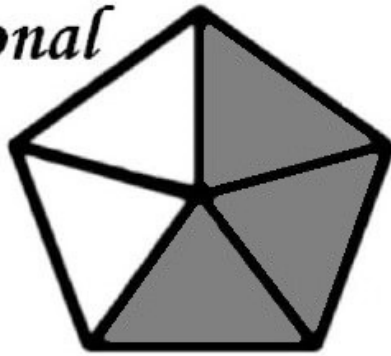
All physical comfort measures are discussed and demonstrated by the instructor in the course, and then must be successfully replicated by the student. Madriella teaches to the standard of Physical Competency, just like the massage therapy school the program was born in. All Madriella students must complete the physical, hands-on portion of the program in order to be certified.

Physical Support Goals

By completion of the Birth Doula program the student will be able to

- Describe and visually identify all physical comfort measures, and will be prepared to discuss the rationale for their efficacy.
- Effectively demonstrate skill and safety using a Birth Ball and application of hands-on comfort measures, including but not limited to massage, sacral counter-pressure and hip-squeeze.
- Effectively demonstrate pre-labor exercises and positioning to assist the mother and her partner in preparing for an easier birth.
- Articulate the safety-first principle of the Overriding Concern.

Informational Support



One way a Madriella Doula assists a woman in dealing with the fear and anxiety of pregnancy is by providing her with information.

You will be learning what changes take place in the mother's body in a later module that covers the Physiology of Birth. As women begin experiencing these changes in their bodies they may feel anxious about what is normal. The Doula must be aware of what is normal in pregnancy so that she can reassure her clients.

Keep in mind that unknowns amplify fear, and the more information you give her about a condition, symptom, or discomfort, the better she will be able to cope with her anxiety.

Another highly important part of informational support is medical interventions. When something must be done in a hurry the medical staff very rarely have time to explain it to the mother or her partner. The Doula needs to be able to explain what is happening and why in a calm and reassuring way.

We will also be discussing common medical interventions in a later module that covers Hospital Procedures and Protocols.

And lastly, Doulas can act as Service Brokers, connecting their clients with resources in the community that might be able to meet the specific needs of the mother after the baby is born. The Doula can provide a valuable service by linking her clients with agencies that can help her and her family.

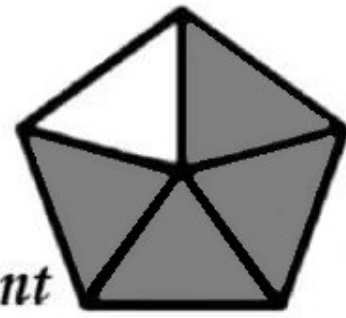
Informational Support Goals

By completion of the Birth Doula program the student will be able to

- Identify 400 different medical terms and acronyms pertaining to pregnancy and birth, and be able to explain to the mother in plain language what they mean.
- Demonstrate an understanding of medical interventions that may arise during labor and be able to explain to a mother, in a calm and reassuring fashion, what they are and why they are done.
- Compile a list of specific resources in their community that can be of use to the mother in the postpartum period.
- Investigate (in person) each hospital and birthing clinic in the area she will be serving in to familiarize herself with the intake procedures and standard practices of each one.



Partner Reinforcement



The laboring partner, as well as her family and friends, play a vital and necessary role of support for the mother, even with the assistance of a Doula.

Despite the quality and amount of childbirth classes and preparations they have made, partners and others are sometimes nervous about the labor and birthing process.

The Doula can help reassure, support, and guide throughout the entire process. By helping the birthing team to relax and decrease their anxiety, they can fully provide steady and treasured emotional support. A Doula helps guide the partner into the labor team, which benefits the mother and baby during the birth.

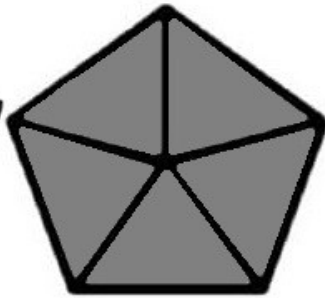
The presence of a Doula can help birth partners participate at their own comfort level; showing them how and when to use various comfort techniques, providing information, and in some cases, looking after them as well. Partners are often grateful to be able to share the “coaching” responsibility with someone more experienced, and can, therefore, enjoy the birth experience more themselves. While many husbands and partners relish the birth experience there are many who feel very out of place.

Partner Reinforcement Goals

By completion of the Birth Doula program the student will be able to

- Describe the obstacles many Birth Partners experience in providing support and methods for assisting them in overcoming them.
- Explain how historical and cultural barriers to partner support have sidelined what could be the most beneficial support for the mother.
- Effectively summarize the most common fears and anxieties that have been reported by men in regards to their partner's pregnancy and birth, and appropriate ways of responding to them.
- Demonstrate the ability to instruct the partner in ways to assist the mother in completing the physical support exercises.
- Explain how young children often react to news that they are going to have a sibling and suggest positive ways the partner can frame the expanding family.

*Self
Advocacy*



The fifth and final area of support is Self Advocacy. Madriella Doulas hold to a principle of empowerment that recognizes that speaking for a mother does not help her, teaching her how to speak for herself does.

This means that you empower a woman to speak up for herself in the delivery room. To empower her to exert control over the areas that she can control.

When births moved from home to hospitals the mothers lost much of the control they had in the birth arena. They became patients having procedures done to them instead of women in control of a process that is a natural function of their bodies.

Even in a hospital a woman can be in control, or can at least feel like she has more control if the Doula helps her state her wishes in a clear and realistic manner.

This is done through the writing of a Birth Preferences document. A birth preference document is a highly flexible guideline for how she would like the birth to go. Anyone who has experienced birth knows that many of the factors cannot be planned or even predicted, but some things can and should be planned.

There are many mundane annoyances and traumatic medical interventions that can be avoided if the mother advocates for herself and states her desires, within the framework of the hospital's procedures. To do so requires the help of a trained birth professional, someone that knows how to explain what procedures are and how they impact the pregnancy and birth.

Self-Advocacy Goals

By completion of the Birth Doula program the student will be able to

- Differentiate between Advocating for someone (i.e. speaking for their wants and needs) vs teaching the empowering philosophy of self-advocacy.
- Describe instances and scenarios where the Doula would need to advocate for her client's wishes and contrast those with instances and scenarios where the client should be advocating for herself.
- Identify the psychological barriers that have historically inhibited women from expressing their desires in the delivery room.
- Effectively articulate to a mother instances when medical emergencies necessitate compliance and how they are different from procedures that are done for the convenience of medical staff.

Statement of Nondiscrimination

The Madriella Doula Network does not discriminate on the basis of race, color, religion, caste, creed, sex, age, marital status, national origin, mental or physical disability, political belief or affiliation, pregnancy and pregnancy related condition(s), veteran status, sexual orientation, gender identity and expression, genetic information, natural and protective hairstyle and any other class of individuals protected from discrimination under state or federal law in any aspect of the access to, admission, or treatment of students in its programs and activities.

History and Founding

The Madriella program began in 2006 as a **Short Term Career Training Seminar** of 250 hours that was registered with the State of California as the Doula program at Golden State Massage School in the City of Turlock.

It began as a continuing education course for Massage Therapists. The owner of the school insisted that all of their massage therapy students practice prenatal massage on real pregnant women, so they offered FREE prenatal massage to any expecting mother in the community, as long as they were okay with a student working on them with an instructor present. The idea was to give the students the great experience of learning while working on real pregnant women, and the women in the community could benefit from the care. When the owners saw the good that the program was doing for the women of their city they resolved to expand the program and to serve as many women as possible. This was the humble beginning of Madriella.



Students at Golden State Massage School learning Massage techniques to employ during labor, 2008.

The Doula program at Golden State Massage School was the first 250 hour Doula program to be registered by the state of California.

In 2008 GSMS was absorbed by the **Somatic Arts and Sciences Institute**, the nation's largest provider of continuing education for massage therapists online. Madriella is now owned by the Somatic Arts and Sciences Institute.

From its humble beginnings Madriella has grown to be a truly global educational concern, with over 5,000 members in the United States alone and active members in dozens of countries around the world.

Our curriculum is used by hospitals and birthing centers to train employees and volunteers and through our Outreach Initiatives we have members teaching mothers on every continent except Antarctica.

Outreach Initiatives

Madriella is a global program, with hundreds of women enrolled around the world. Our online program is available in **multiple languages** and we believe our educational outreach will serve as the gateway for transformative learning to meet the needs of women around the world.

Our Educational Outreach Initiatives target countries where resources and education for pregnant women are few and far between. By working with missionaries from the United States and local educators and authorities we are providing high quality educational programs and facilitating the birth clinics and Doula collectives in some of the most under-served communities.

Curriculum Use

The Madriella curriculum is being used by hospitals and private organizations in the following countries:

Algeria, Australia, Canada, England, Ethiopia, France, Germany, Haiti, Honduras, India, Israel, Italy, Jordan, Kenya, Mexico, Mongolia, New Zealand, United Arab Emirates, United States, Rwanda, Saudi Arabia, and Somalia.

Madriella members are serving as Missionaries in Haiti, Honduras, and Ethiopia.



Diane N. shares her experience as a Doula in Haiti:

Five nurses and nurse practitioners were planning on a mission trip to Cap Haitien, Haiti in October of 2014. I had been on a number of mission trips, mostly medical (although I am not in the medical field), and very much wanted to go to Haiti. I asked if I could join them! My only experience is in loving children. My husband and I gave birth to 2 sons, adopted 7 children from overseas, and fostered 15 children through the foster care system. The thought of going to a delivery hospital,

orphanage, and learning center couldn't have been more appealing to me. But I was traveling with such learned women, I wanted something special to offer myself. It was suggested I become a Doula. I looked online and decided to get my Doula certification through Madriella. The material was very interesting and in short time I was officially a Doula!

In October the 6 of us, with 40 pounds of extra weight in clothing, books, and medical supplies, boarded the plane for Haiti. We stayed at Mamababyhaiti, a delivery hospital. The women are screened before acceptance and if they can pay for services, it costs \$1.00; otherwise it's free. The women need to come to the hospital monthly for at least 4 months before delivery for prenatal care. They are given vitamins, exams, etc. They attend parenting classes and breastfeeding classes during their prenatal visits. We lived on the second floor of the hospital for the week that we were there. If a woman came in for delivery, we were right there to offer our services! I brought oils and a fan and my walking shoes. I massaged an awful lot of backs that week and fanned whatever body part needed fanning! We walked and walked. One woman stopped her labor altogether and another had to be taken to the hospital downtown because she hadn't progressed after 24 hours. I was present for 3 deliveries and dressed one of the newborn girls in her first outfit. I painted some new mom's fingernails in bright colors and oohed and aahed over their new babies. They were so proud and so grateful, too. I don't know who was more blessed - me or them. In Haiti there is very little electricity. If we were lucky, the generator might come on for a brief period, but more than likely a birth was by flashlight. No air conditioning, no fans, except the one I was using on them! No pain medication. One laboring mom asked me to rub her back (in French, of course) as she faced backwards on the toilet adjoining the "delivery room". On the edge of the shower sat 4 pots of afterbirth from previous births. Once the baby is born, the baby is checked out and the mother attended to for an hour's time. After that period she goes to the next room (post delivery) with her baby and is allowed to stay 4 hours. Then she goes home. She will return in one week with her baby to be checked. Also during the week we were in Haiti, we visited an orphanage and a center that has been developed to help moms keep their babies, instead of having to give them up for adoption.

*In about 3 weeks I will return to Haiti. I am going with a friend to Port au Prince and we will be visiting an orphanage, a wound and care center and a sick and dying center. I am sure the experience will be awesome and rewarding; however, it can never compare to the miracle of birth. **I am so thankful to Madriella for the resources I gained, and though I specifically wanted to be a Doula to give free services to third world women, I may be using those resources again here in Texas.** I've recently been asked to be a volunteer for a pregnancy clinic, and they're wanting to add a Doula to their program! Sincerely, Diane N.*

Rashmira Empowering Black Doula Foundation

In a country where maternal and infant mortality rates remain a concern, the role of Doulas in providing physical, emotional, and informational support during pregnancy, childbirth, and the postpartum period cannot be overstated. The presence of a trained Doula can significantly improve birth outcomes, enhance the birth experience for birthing individuals and their families, and contribute to reducing medical interventions.

As an organizational partner of the Madriella Doula Network, the Rashmira Empowering Black Doula Foundation ensures that its graduates receive high-quality education and training based on the internationally recognized Madriella Curriculum. This partnership reflects a commitment to excellence in Doula education and underscores the importance of standardizing Doula training practices to ensure consistency and quality of care.



The adoption of the Madriella Curriculum by the Rashmira Empowering Black Doula Foundation highlights the global recognition of the effectiveness and relevance of this comprehensive training program. By adhering to a standardized curriculum, aspiring Doulas in Nigeria can be assured of receiving training that meets international standards and prepares them to provide competent and compassionate care to expectant parents.



Hospital/Organizational Partnerships

Madriella is committed to working with hospitals, birth clinics, Doula collectives, colleges, religious organizations, city, state and national governments and non-governmental organizations that wish to make birth skills available to their community.

We do this by allowing them to open Organizational Accounts with us so that their employees or volunteers can then enroll in the program without having to pay individually.



For example, the Maternity Department at the **Mayo Clinic** in the United States is an organizational member. Through their account they can refer anyone they want to be trained, and the individual does not have to pay for that training, because it is being provided by the Mayo Clinic.

In addition to making enrollment easier, Madriella can provide organizations with guidance on creating educational hubs where resources can be shared by students and in some cases we can license a trainer to use our curriculum to provide additional hands-on teaching to the students in their program.

At Madriella we are committed to the propagation of Doula training programs around the world and are willing to work any organization that shares this vision.

Position Statements

The Madriella Doula Network occasionally develops position statements to clarify our organizations positions on policies that effect Doula practice, why we have made changes to our curriculum, or why specific lessons are not taught.

The Issue: Unassisted childbirth

The Madriella Doula program presupposes that the mother the Doula is attending is under the care of a doctor or a midwife regardless of where she chooses to give birth. It is our belief that we, as Doulas, are not suitable replacements for these medical professionals. We are not trained to provide emergency medical intervention should they be needed.

Our position: Madriella Doulas should not attend Unassisted Births.

The Issue: Division in the Industry

The Madriella Doula Network is aware of the philosophical and ideological differences among the Doula training and certifying organizations. There is a very wide variety of beliefs and practices in the Doula community. We believe that this variety is a good thing because we know that all women are different, with different needs and different priorities. It is beneficial that there be a spectrum of birth support professionals that can meet the diverse needs presented.

Our position: The Madriella Doula Network will not engage in criticism of other Doula certification agencies for any reason.

The Issue: Placenta Encapsulation

The Center for Disease Control (CDC) has issued the following statement:

The placenta encapsulation process does not per se eradicate infectious pathogens; thus, placenta capsule ingestion should be avoided.

Our position: The Madriella Doula Network will not teach Placenta Encapsulation.

The Issue: Madriella's Commitment to Justice and Equality

The Center for Disease Control (CDC) has issued the following statement:

Women in the United States are more likely to die from childbirth or pregnancy-related causes than other women in high-income countries. More evidence is needed to understand the actual causes of death better, but research suggests that half of these deaths may be preventable. Racial disparities persist. The risk of pregnancy-related deaths for black women is three to four times higher than those of white women.

Our position: The Madriella Doula Network recognizes that racial disparities exist and that our members have a moral obligation to see that the mothers they serve are receiving equal care from their attending physicians, nurses, and midwives. Any incidents of discrimination should be reported to the proper authorities or licensing boards immediately.

The Advisory Board

The Madriella Doula Network is owned by the Somatic Arts and Sciences Institute, a school of massage therapy continuing education. The instructors are all massage therapists that specialize in Prenatal Massage (physical comfort measures) and have received additional specialized education in the physiological processes of birth.

The Madriella curriculum is reviewed by an informal Advisory Board that provides peer review and makes suggestions for program content. The Advisory Board members are all volunteers and are not paid for their services.

Although their primary role is to review the curriculum, they do on occasion offer mentoring advice to the new students and Doulas in the program.

Advisory Board Mandate

To advise the faculty and staff of the Somatic Arts and Sciences Institute on the accuracy and completeness of the curriculum and to suggest content as appropriate.

Length of Service

As needed, typically 1-2 years. Advisory Board members serve at the discretion of the Director of the Somatic Arts and Sciences Institute.

Compensation

None. This is a volunteer position.

The current Advisory Board Members are:

Jodie Raymond (Crisis Pregnancy counselor)

Nancy Perce (Massage Therapist)

Mary Kirschman (Nurse-retired)

If you are a member of Madriella and would like to suggest an addition or change to the curriculum please do so by sending us a message on the contact us page. Please begin the message with ATTN: Advisory Board.

MEMBER INFORMATION

Standards of Practice

These Standards of Practice ensure that certificants and applicants for certification are aware of, and committed to, upholding high standards of practice for Madriella Doulas. The Standards of Practice are also meant to assist members of the general public, including expecting mothers, health care professionals, and other interested parties with understanding the duties responsibilities and limitations of Madriella certificants and applicants for certification.

Madriella developed and adopted the Standards of Practice to provide certificants and applicants for certification with a clear statement of the expectations of conduct and level of practice afforded the public in, among other things, the following areas: Professionalism, client safety, ethical standards and acceptable courses of action and services.

Standard 1: Professionalism

1.1 The Doula ensures that representations of her services, policies, and practices are accurately communicated to the client at all times.

1.2 The Doula relates to the client in a manner that respects the integrity of the client and Doula.

1.3 The Doula elicits participation and feedback from the client.

1.4 The Doula relates to other professionals with appropriate respect and within the parameters of accepted ethical standards.

Standard 2: Client Safety

2.1 The Doula will adhere to the principle of the Overriding Concern, which is “If at anytime a woman experiences pain or discomfort during exercises or position changes you should instruct her to discontinue immediately.”

2.2 The Doula will provide an environment consistent with accepted standards of sanitation, hygiene, safety and universal precautions.

2.3 The Doula will never encourage a client to engage in any activity that has been deemed inappropriate by her doctor, midwife, nurse or any other healthcare practitioner.

Standard 3: Ethical standards

3.1 The Doula will assist the mother before, during, and after birth by providing emotional support, physical comfort, information and advocacy.

3.2 The Doula will assist the mother with writing a Birth Plan prior to labor and communicating these desires to the mother’s family and medical care providers.

3.3 The Doula will provide support during the immediate postpartum period as well by discussing the experience with the mother and providing guidance in feeding issues, specifically related to positioning and timing.

3.4 The Doula will act in an appropriate and respectful manner.

3.5 The Doula will not make decisions for a mother or family member.

3.6 The Doula will not offer medical advice or perform any medical or clinical procedure.

3.7 The Doula will not argue with a doctor, nurse, midwife or other hospital staff.

Standard 4: Acceptable courses of action and services

4.1 The Madriella Doula program teaches that our Doulas are to offer support in five areas, called the “Five Facets of Support”. These five areas are Emotional Support, Physical Support, Informational Support, Partner Reinforcement and Self Advocacy.

4.2 “Emotional Support” for a Madriella Doula is the sensitive, understanding approach that helps their client communicate their anxieties and fears. It uses active listening and nonjudgmental support to allow the client to derive comfort from a gentle, sympathetic, caring person.

4.3 “Physical Support” for a Madriella Doula is the safe application of general comfort measures, which includes gentle touching (massage/counter pressure) to the lower back, shoulders and neck of the massage client as well as assisting her in moving or changing position as safely approved of by the doctor or midwife attending the birth. It does not include any practice not specifically detailed in the Madriella curriculum.

4.4 “Informational Support” for a Madriella Doula is the answering of questions for the mother and her family, specifically pertaining to the birth and postpartum period, thus allowing the mother to make informed decisions about her care. In such instances where the Doula does not know the answer to the question, informational support will include assisting the mother or family member in research to obtain the answers needed.

4.5 “Partner Reinforcement” for a Madriella Doula is the recognition of the importance of other members of the family to the emotional well-being of the mother and the inclusion of them in her decision making process.

4.6 “Self Advocacy” for a Madriella Doula is the encouragement of the mother’s ability to effectively communicate, convey, negotiate or assert her own interests, desires, needs, and rights. It means assisting her in making informed decisions and taking responsibility for those decisions.

4.7 Madriella Doulas DO NOT perform any clinical tasks such as taking blood pressure or temperature, fetal heart tone checks, vaginal examinations, or postpartum clinical care.

4.8 Madriella Doulas DO NOT prescribe any treatments, including pharmaceutical medications, homeopathic recipes, or herbal supplements, as this is outside of the five facets of support and is not part of the Madriella program.

4.9 All exercises, birth positions and physical comfort measures presented in the Madriella program are safe for both mother and baby, however the Doula will still instruct the mother to check with her primary care provider before attempting any of the exercises, birth positions and physical comfort measures detailed in the program.

Code of Ethics

As a Doula I will...

Assist the mother before, during, and after birth by providing emotional support, physical comfort, information, and advocacy.

Assist the mother with writing a Birth Plan prior to labor and communicating these desires to the mother's family and medical care providers.

Provide support during the postpartum period as well by discussing the experience with the mother and providing guidance in feeding issues, specifically related to positioning and timing.

Act in an appropriate and respectful manner.

As a Doula I will not...

Make decisions for a mother or family member.

Offer medical advice or perform any medical or clinical procedure.

Argue with a doctor, nurse, midwife or other hospital staff.

Grievance Procedures

The Madriella Doula Network takes grievances regarding the conduct of our certificants very seriously. Note, however, that we can only accept complaints or issues with Doulas who are currently active, dues paying members of our professional network.

Before you File a Complaint

We strongly encourage you to contact the Certificant and attempt to resolve any issues before you file a formal complaint.

Madriella Doulas are not employees of Madriella.org, they are individuals that have completed a course of study using the Madriella Curriculum, taught by one of our instructors and have passed our Certification Examination, entitling them to be listed in our Network of Doulas. Their continued listing in that Network is contingent upon their adherence to the Madriella Code of Ethics and Standards of Practice.

Madriella.org is not responsible for the actions of individuals that have completed a course of study using our curriculum. The individual Certificants are solely responsible for their actions, business dealings and any damages they may cause. We are not arbitrators of disputes between Certificants and those that hire them.

Please be aware that ALL information in the formal complaint will be shared with the Certificant, witnesses, and any other involved parties as part of our investigation. No information in the complaint, including the name of the individual making the complaint, will be withheld.

No information that is to be considered confidential, including medical, personal or financial, should be included in the complaint.

If you believe that a Certificant has committed a crime, please report that crime to your local law enforcement.

Filing a complaint about a Madriella Doula

If you believe a Madriella Doula has violated the Madriella Code of Ethics and/or Standards of Practice the complaint must be written in a formal statement, which must be signed and dated by the person making the complaint. This formal statement must include the following information:

1. The name of the person filing the grievance. Anonymous complaints will not be processed.
2. The name, address and phone number of the Madriella Doula about whom you are filing the complaint.
3. A clear statement of your involvement in the incident being reported. We only process complaints submitted by individuals personally involved in the incidents being reported. This includes the mother or family members that contracted with the Certificant, first-hand witnesses present for the incident, hospital staff, etc.
4. A detailed description of the facts supporting the complaint. Please include the names and contact information of any witnesses who can provide additional information.
5. A description of any steps that have been taken to address the situation in the complaint, and the results of any such steps.
6. A list of specific sections of the Code of Ethics and Standards of Practice you believe have been violated.
7. Your stated permission for the Madriella Doula Network to share the formal complaint in its entirety and all information contained therein with the Certificant named in the complaint, witnesses mentioned by name in the complaint, legal counsel, law enforcement, or any other party involved in handling and investigating the complaint.
8. Your signature and date.

Submitting the Complaint

The formal statement must be printed out, signed, scanned into .pdf format, and emailed to our office at admin@madriella.org. The subject of the message should read FORMAL GRIEVANCE.

The body of the email must contain the name, telephone number, and address of the person making the grievance. This is to be included in the body of the email, not the attached formal statement. The formal statement will be forwarded to the Certificant.

This is for Madriella.org staff to follow up with the person making the complaint. The address and phone number will not be shared with the Certificant, but the name of the person making the complaint will be.

Review and Investigation

Formal complaints received will be reviewed by the Madriella Program manager. If an investigation appears to be warranted the Program Manager or their designee will contact the Certificant and a copy of the formal complaint will be forwarded to them as it was received by our office, with a request for information related to the incident described.

After receiving the Certificants written response to the complaint the program manager will make follow up calls and emails to other named parties in the complaint in order to collect all relevant data.

A decision will then be rendered based on all available information. There are three possible Outcomes:

Possible Outcomes

No action will be taken.

A formal reprimand will be issued, along with a letter of correction.

The Certificant will be removed from the Madriella Doula Network and their Professional Membership status revoked.

The Smart ID Badge

The Madriella Doula Network uses the same form of credential verification services that hospitals use to identify visiting doctors, nurses, laboratory technicians and other medical specialists.

This badge is linked to your Madriella account and will display your credentials when scanned by a smartphone with any QR Code reader app. This allows you to take your credentials with you to any hospital/birthing center and when visiting parents that may be considering hiring you. You can order it now, but the card will not be shipped to you until you have passed the Birth Doula course and have paid the entire enrollment fee. For our many students outside of the United States there will be an additional charge

You are not purchasing this ID Badge, the badges are the property of the Somatic Arts and Sciences Institute, the parent company of Madriella.



Digital Badges

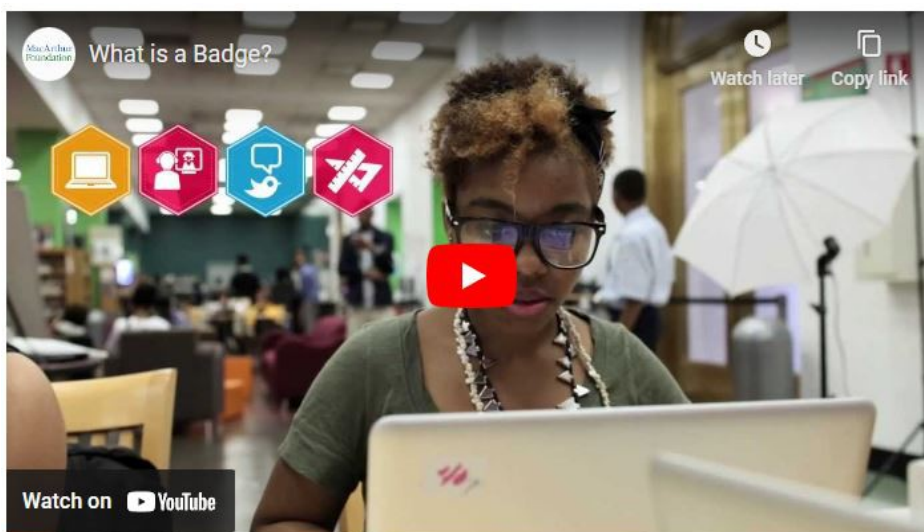
Digital badges are the next wave of educational credential in the online world, a token of accomplishment that can be proudly displayed on Facebook, Linked In, Mozilla Backpack and other social and professional networking sites. They also show up on your Madriella.org network profile.

The badges are linked to the new website features so they are awarded as our members complete the courses and reach other significant milestones.



Madriella believes in the changing shape of education and we want all of our members to be part of this global technological revolution.

[If you are not familiar with the functions of Digital Badges please watch this video:](#)



TEACHING METHODOLOGY

21st Century Teaching Methods

Our 150-hour Birth Doula training program is an in-depth study of birth support offered in a blended learning program that mixes online distance learning with **hands-on** instruction.

One of the benefits of the online portion of the program is that you will have three years of access to the training material, including updates, rather than relying on notes from a lecture. The student/teacher relationship also continues long after you receive your certification.

The Madriella Birth Doula course combines traditional academic studies with hands-on skills such as massage, positioning and prenatal exercises. The academic portion is completed online, the hands-on portion is done at home, with a model or in a workshop setting. The techniques for hands-on skills are demonstrated via video on the website or in a live workshop environment with a licensed training provider. In both situations, the student must demonstrate *physical competency*² in the skills before being allowed to progress to the next portion of the course. For students working independently outside of a workshop their execution of the physical skills is reviewed by their instructor remotely via the internet. For those taking part in a workshop hosted by a licensed independent trainer the licensee evaluates their physical performance on scene, and submits a video or photo record of the session to the Madriella administrative office for verification.

Experiential Assignments

In addition to the academic coursework that is done online and the hands-on portion of the course, all Birth Doula students must research and physically visit³ every hospital, and birthing clinic in the area they will be serving in so as to familiarize themselves with the layout and admissions standards and policies.

In addition to the Hospital and Birthing Center tours, all Postpartum Doula students are required to build a database of local resources for a variety of different services in their area including:

- Breastfeeding
- Birth trauma
- Postpartum Depression
- Parental Support
- Crying Baby
- Bereavement
- Parents of Special Needs
- Parents of Multiples
- Grandparents
- Relationship support
- Local Cesarean Support/ICAN Chapter

As part of our commitment to Service Brokering all Madriella Postpartum Doulas are required to know what local resources are available in their area, and we expect them to know the correct procedure for referring a client to them as needed.

2 Physical competency is defined as possession of sufficient knowledge or skill to execute the exercises, positions or massage techniques safely and effectively.

3 Waivers for this requirement are available in situations, such as the COVID 19 pandemic, when this is not possible.

Administrative Offices

The Madriella Doula Network is owned by the Somatic Arts and Sciences Institute and all administrative services are handled by that school. This includes the issuance of certificates and when appropriate transcripts and continuing education credit.

All US students receive a text message with instructions for accessing support from the administrative office within 24 hours of enrolling. All international students receive the same message via email within the same time frame.

Hands-on Training Requirement

As stated on the previous page, all Madriella Birth Doulas are required to demonstrate physical competency in the hands-on Birth Doula skills. The only exceptions to this policy is the reasonable accommodations we make in response to requests of students under the Americans with Disabilities Act

Licensed Independent Training Providers and Instructors

The Madriella Licensed Training Provider and the the Madriella Certified Instructor are two different things and it's important to understand the difference.

The Madriella Licensed Training Provider

This is an organization, business entity, an NGO, a Hospital, etc It can be a sole proprietorship, an LLC or a standard INC (corporation). This is the entity that we license to use our curriculum. The requirements for this a business license and proof of liability insurance. If a business is licensed to provide training with the Madriella Curriculum, they will still need a Madriella certified instructor to conduct that training. This can be the owner of the business if they qualify (see below), but it doesn't have to be.

The Madriella Certified Instructor

This is a person that has met the standard to teach using the Madriella curriculum. This might also be the owner of the business that is licensed to provide Madriella training, or they may work for the business that is the licensed training provider. The requirements for this is based on the individuals experience and certifications. They must have 5+ years of experience as a Doula (with verifiable births), Midwife or Labor and Delivery Nurse.

A Certified Instructor can only use the Madriella curriculum while working for a Licensed Training Provider. It is the business that has the license (permission) to use our curriculum, not the instructor.

For example:

Helen owns a Doula business (sole proprietorship) and she wants her employee Doulas to be Madriella certified. She applies (as the owner of the business) to become a Licensed Training Provider. She designates herself as the Instructor because she meets all of the qualifications for the instructor position (Certified Madriella Doula with 5+ years of experience). She can now train new Madriella Doulas out of her business. This is open to whoever she wants to train, they do not have to be her employees.

If she wanted, she could designate additional instructors to teach under her license, if they meet the Instructor qualifications and pay the additional certification fee. If she selects one of her staff members to be certified as an additional instructor, they would only be able to teach while working under her license. If they leave her employ, they would not be able to teach using the Madriella curriculum unless they find another Licensed Training Provider or apply to become one themselves.

All Madriella trainings that are conducted under a Licensed training provider must be conducted by a Certified Madriella Instructor. If your business is licensed to conduct Madriella training, but you allow someone who is not a Certified Madriella Instructor to teach them, your license will be revoked.

Efficacy and Medical Accuracy

The Madriella Doula Network teaches only evidence based birth support skills that are universally recognized by the medical establishment. In addition to the textbooks that are used in the course, all scientific journal articles and studies use in teaching come from the National Institute of Health and the National Library of Medicine (NIH).

The physical exercises and the course curriculum have been reviewed by a medical consultant (Mary Kirchman, RN) and conform to the standards presented by the US Department of Health and Human Services Office of Women's Health (OASH).

The Overriding Concern

The Overriding Concern is a Madriella Policy regarding prenatal exercises, positioning of mothers and application of physical comfort measures (ie massage) that states that the mother's primary care physician or care provider should pronounce the mother fit to engage in standard stretches and prenatal exercises before working with the Doula and anytime something feels wrong to the mother, either painful or uncomfortable, the Doula should cease immediately.



ADMISSIONS AND SCHOOL POLICIES

Admission Procedures and Requirements

Admission is open to anyone 18 years of age or older. We do not require proof of age unless the instructor believes you look younger than 20 years of age, if that is the case, you will be asked to supply a copy of a government issued ID.

As part of the program is physical (hands-on requirement) we do require you to be able to execute the performance of the techniques. If you are unable to do so due to a medical condition, reasonable accommodation will be made.

International Students

Madriella is a global program and we have students all over the world. Our curriculum is available in 108 different languages thanks to the use of multilingual neural machine translation services provided by Alphabet Inc.

For students outside of the United States our staff will work with you to make sure you have access to the required textbooks that are not part of our proprietary curriculum, and if they are not available in your language we will help you find a reasonable substitute.

Veterans and Active Duty Military/Dependents

In honor of the commitment servicemen and women and their families make to our country the Madriella Doula Network offers a 50% enrollment fee waiver for all active-duty military members and their dependents (spouses and children). To be eligible the veteran or dependent must be able to supply an SCRA form (Service Members Civil Relief Act) or an equivalent document.

Enrollment Fees

Madriella does not charge per course, we charge a membership fee to join the network.

That membership enrollment fee covers the cost of the courses. You do not have to pay for each course- you only pay the one-time enrollment fee.

There are two membership levels to choose from:

Level 1: Certified Birth and Postpartum Doula

This membership level grants access to the online Birth Doula and Postpartum Doula Certification courses. The membership is valid for three years and costs \$150.

Level 2: Professional Membership

This membership level grants access to ALL of our courses, including the online Birth Doula and Postpartum Doula Certification courses, the Professional Development course, Massage for the Laboring Woman, Certified Childbirth Educator, Madriella Breastfeeding Educator, and Placenta Specialist and Trauma Informed Care. The membership is valid for three years and costs \$300.

We do offer a \$50 a month/payment option for Professional Membership

Other fees

In addition to the membership fee, each course requires textbooks. You can see what book is required for each course on this list.

The Professional Development certification also requires you to have a valid CPR/First Aid certification, and a Safe Food Handling certification. These can be done online very inexpensively. You do not need to have them when you enroll, but they need to be completed as a final part of the Professional Development course.

Cost to renew the membership

After three years you can renew your membership for \$100 and you will take a short (one day) refresher course that allows us to keep our members current as we update the curriculum.

Financial Aid

The Madriella Doula Network is not a college or university, so we do not accept FAFSA financial aid or the GI Bill. We do offer a discount for Veterans, active duty service members and their dependents.

Fee Waivers have been awarded to students that are involved in Outreach Initiatives overseas. In these instances, a person wanting to bring Doula services to a country that has little or no support for women can apply and Madriella will look for a sponsor for them who pays for their membership. Sponsors are not guaranteed, but we do our best to find them. Here is an example:



My name is Pascale. I was born and raised in the beautiful island of Haiti. My family and I migrated to the US as political refugees when I was 12 years old. From then on, I taught myself how to speak English by using a dictionary.

My passion is seeing women live long, healthy lives. I am an advocate for women's health and my lifelong goal is to bridge the gap in health disparities.

With my Doula certification, I would provide services to low- income, marginalized women in order to improve their birth / postpartum outcomes. I am deeply concerned that African-American, Alaskan, and Native American women are three times more likely to die from pregnancy related causes than white women. If I can offer my knowledge and services to this particular demographics, then I will see one less statistic.

Furthermore, I am very passionate about education. Nelson Mandela once said "Education is the most powerful tool which we can use to change the world." This is a philosophy that I live by.

I would use my Doula Certification to offer affordable pre and postnatal workshops for pregnant women. I never want finances to be the biggest barrier.

My long term goal is also to provide maternal services in my native country.

There is so much more I would love to expound on but if I can summarize it all, I will say that my greatest fulfillment is placing myself at the service of others and what better way to start then with the carriers of life - women.

Thank you for your time!

Refunds

Please be aware that we do not give refunds. Enrollment Space is limited, once you enroll you are occupying a space that is reserved for you. For this reason, the Madriella Doula Network enrollment fee is non-refundable.

These are online courses and it is your responsibility to ensure you have the means of accessing the courses that you have paid for.

Required Textbooks

In addition to our proprietary curriculum, which is on the website, there are books required for most of the courses. We do not sell the books, you are welcome to buy them wherever you can get them the least expensively. You can find a complete list of [all books required here](#).

Disability Services

Students with a documented disability that need assistance with accessing the website or need reasonable accommodations to be made in regards to an activity or assignment should contact our office at admin@madriella.org and we will do what we can to assist.

Diversity and Inclusion Policy

The Madriella Doula Network provides an education for all, acknowledging that the society in which we live is enriched by diversity. We strive to recognize and celebrate the diversity within our community where everyone is equally valued and treats one another with respect and fairness.

We believe that all students should be treated with dignity and respect at all times and we will not tolerate bullying, harassment or victimization of any groups or individuals.

Statement of Student Responsibility

The Madriella Doula Network is a blended educational experience, meaning that the student will complete some work online and some in the physical world. It is the student's responsibility to ensure that they have access to the internet before enrolling in the program.

Academic Integrity

Plagiarism software is used on the essays and research assignments that are collected in the advanced courses. Papers that score less than 20% originality must be redone. Failure to do so will result in the course being failed.

Conferral of Certifications

Madriella Certifications are conferred upon successful completion of all course work and satisfactory score on the final examination for each course. In addition, all enrollment fees must be paid in full prior to certification.

Course Prerequisites

The Madriella Doula Network is built on a prerequisite model, and the first three courses must be done in this order:

1 Birth Doula certification

2 Postpartum Doula certification

3 Professional Development (Professional Members only)

After the Professional Development course is completed any of the remaining courses can be completed in any order the student wants, or all at once.

The Madriella Birth Doula course is foundational and must be completed by all members of Madriella, even those who only plan to provide Postpartum Doula services or to teach Childbirth or Breastfeeding Education.

While we respect and acknowledge the value of other Birth Doula certifications and training organizations, they do not exempt the student from the requirement to complete our Birth Doula course.

Examination Policy

All quizzes in the Madriella program can be retaken up to three times EXCEPT the course final exams, which can only be taken once. If a final examination is failed, the course is failed. Exceptions are made for technical issues with the website, or for extraordinary circumstances on the students part. An example of a circumstance where we would allow a student to retake a final would be if they experienced a power outage in the middle of taking the test.

Grade Disagreements

If a student feels a grade is incorrect we encourage them to discuss this with their instructor. If the situation is not resolved they may appeal to the Madriella Doula Network Program Manager or the Director of the Somatic Arts and Sciences Institute.



CERTIFICATION PROGRAMS

What follows is a short description of each course offered by the Madriella Doula Network and a Syllabus for each.

How we determine course length

The Birth and Postpartum Doula courses are blended formats including both hands-on and self-paced distance learning elements. For determining length we have used the following industry standard criteria:

1 hour of workshop/face to face time = 1 hour of clock time.

1 hour of video = 1 hour of clock time.

14,280 words of reading = 1 hour of clock time

Experiential assignments (Hospital/Clinic Tours) are estimated to take 5-10 hours

The other courses have no hands-on or experiential element and are therefore calculated as traditional asynchronous distance learning.

How long will it take me to complete my course?

This varies greatly depending on how much time you have to study and work through the material.

For purposes of calculating these times we assume a full time student to have **5 hours a day** to work on the course.

Average Completion time for full time students

Birth Doula Certification course 150 hours (30 days on average)

Postpartum Doula Certification course 100 hours (20 days on average)

Professional Development course 35 hours (30 days on average)

Breastfeeding Educator course 36 hours (30 days on average)

Certified Childbirth Educator course 47 hours (30 days on average)

Young Parent Support Specialist course 20 hours (30 days on average)

Understanding Developmental Disabilities course 20 hours (30 days on average)

Loss and Bereavement Doula course 32 hours (30 days on average)

HIPAA Compliance for Doulas 8 hours (1-2 days on average)

Trauma-Informed Care 10 hours (1-2 days on average)

Important Consideration

Madriella is built on a prerequisite model. The first three courses must be completed one at a time before any of the other courses can be taken. This should be considered when measuring how fast you will be able to complete the program.

For example, if you wish to complete the Breastfeeding Educator certification it will take you on average 30 days, but before you can start that course you must first complete the three prerequisites:

Birth Doula Certification course 150 hours (30 days on average)

Postpartum Doula Certification course 100 hours (20 days on average)

Professional Development course 35 hours (30 days on average)

So that means you would have (on average) 80 days of course work to complete BEFORE you can start on the Breastfeeding Educator course.



Birth Doula Certification

Course Description

A Madriella Birth Doula is a birth support specialist that is trained in multiple areas, allowing her to provide emotional, physical, and informational support to a mother who is expecting, is experiencing labor, or has recently given birth. Our Doulas are also trained in partner support because we recognize that a new baby has an impact on the entire family.

The Madriella Doula certification program is designed to fully prepare you to serve women in a variety of Birth settings, from assisted home births to birthing centers and hospitals.

To be certified as a Madriella Birth Doula you need to pass the online certification examination that is based on the material in this curriculum. All certification candidates must be over the age of 18 and must be physically able to perform the hands-on comfort measures demonstrated in the course. An internet connection is required to watch the video clips.

Course Prerequisite: None

Course length: 150 hours

Course Requirements:

Textbook for course (see reading list)

A working Internet connection

A computer or mobile device capable of:

- a) Accessing the Internet
- b) Uploading a written assignment/digital photo
- c) Posting/reading messages in the forum
- d) A Birth Ball (exercise ball)

Learning Objectives

By the end of this course the Doula applicant will be able to:

- Accurately define the role of the Birth Doula and how they interact with the mother and the birth team.
- Provide non-medical birth support as defined in the Madriella Five Facets of Support model (Emotional, Physical, Informational, Partner Reinforcement, Self-Advocacy)
- Employ safe and correct hands-on comfort measures, exercises and positions for birth support.

Learning Outcomes

- The Doula applicant will understand and articulate the role of the Birth Doula as evidenced by an online written test.
- The Doula applicant will demonstrate understanding of the Madriella Five Facets of Support model (Emotional, Physical, Informational, Partner Reinforcement, Self-Advocacy) as evidenced by an online written test.
- The Doula applicant will demonstrate in the presence of the instructor or via electronic medium the correct application of hands-on comfort measures, exercises and positions for birth support with an appropriate adult model.

Module and Unit Breakdown

Module 1 Introduction to the Doula Program

Unit 1 Welcome!

Greeting and orientation. Standards for the course are presented.

Unit 2 What is a Doula?

Historical and current definitions of Doula, including what is expected and what is prohibited.

Unit 3 How Doulas Operate

An overview of the functions and timing of Doula work including a timetable of meetings with the client including intake, pre-birth home visits and planning, labor and postpartum.

Unit 4 Basic Doula Practice

Introduction to the concept of the Birth Team and the Doula's role in it.

Unit 5 Coaching the Birth Team

A look at each member of the Birth Team and their function, and how the Doula relates to each one.

Unit 6 Doula Certification and Licenses

A breakdown of different kinds of credentials and what they mean.

Unit 7 Research assignment #1 Gentle Birth, Gentle Mothering

This is a 272 page book by a Dr. Sarah J. Buckley on Birth and the management of pain. The students are to read it and answer questions on it.

Unit 8 Assignment Survey

This is discussion and feedback on the first research assignment.

Module 2 The basics of supporting As a Madriella Doula

Unit 1 The Five Facets of Support - Introduction

We introduce the Madriella Five Facets of Support Model, which is the framework of all our courses. We look at Five Different types of support that a woman needs during pregnancy and childbirth.

Unit 2 Facet 1 Emotional Support

We introduce Active Listening and basic emotional support concepts.

Unit 3 The Four Steps of Active Listening

In depth practice of Active listening skills, rephrasing and other suggestions for emotional support.

Unit 4 Facet 2 Physical Support

We introduce the basics of physical comfort measures that can be employed during pregnancy and especially in labor.

Unit 5 Facet 3 informational Support

We introduce the student to the relationship between fear and pain, and how proper education can diminish fear and help alleviate pain. Also discussed is the need for familiarity with medical terminology related to pregnancy and birth, in order to be able to help a mother understand what is being discussed.

Unit 6 Facet 4 Partner Reinforcement

Here we discuss how the Doula can help bolster the mother's partner and other family members that are her first and primary support people.

Unit 7 Facet 5 Self-Advocacy

This is an introduction to self-advocacy, where we stress the importance of teaching mothers how to be empowered by speaking up for their own wants and needs. We also discuss the difference between advocacy and self-advocacy.

Unit 8 The Five Facets of Support Quiz

A test on the core principles of the Five Facets of Support and their appropriate application.

Unit 9 The Four Types of Births

Here we discuss the four types of births, and the circumstances that lead to each.

Unit 10 Terminology Assignment

Even though Doulas are non-medical people we do need to be able to discuss medical interventions with the mother, so here is what is considered by many, the hardest unit. In this unit we learn 400 different medical terms and abbreviations dealing with pregnancy and birth.

Unit 11 Trauma-Informed Care

We introduce the concept of Trauma-Informed Care (TIC). This is a way of presenting services that recognizes the statistical probability that the individual receiving the service may have a history of trauma. Trauma-Informed Care recognizes the presence of trauma symptoms and acknowledges the role trauma may play in an individual's life- including her birth experience.

Module 3 Birth prep and exercises at home

Unit 1 The Benefits of Preparedness

For a woman expecting a baby the anticipation of birth can be overwhelming. There are physical and psychological benefits to preparing for birth, and the Doula can be instrumental in both.

Unit 2 Positions for the birth

Changing positions and moving around during labor and birth offers several benefits. Here we introduce suggestions to the mother during labor, providing the hospital or birthing center allows her free reign to do so. Some of these advantages are reduction in pain, increased comfort, and an enhanced sense of control. Sometimes merely having something active to do can relieve the sense of being overwhelmed and out of control, or it can merely provide a distraction when needed.

Unit 3 Positioning in the First Stage of Labor

In this unit we discuss and practice the positions that can be used in the first stage of labor, walking, sitting, tailor sitting, semi-sitting, abdominal lifting, and side lying.

Unit 4 Positioning in the Second Stage of Labor

In this unit we introduce the positions that can be used in the second stage of labor, squatting, Supported Squatting or kneeling position, Hands and knees, Sitting Upright, Standing lunges and lunges and the Waterbirth.

Unit 5 Rehearsing Birth poses

This unit is a practice unit, where we practice different positions for birth, squatting, sitting upright (classical pose), all fours.

Unit 6 Dealing with Aches and Pains

A discussion of pregnancy and birth related discomforts, leading up to the next unit that addresses them.

Unit 7 Pain Relieving Exercises

In this unit we go over several pain relieving exercises, Foot Exercises, Back Exercises For upper and lower back pain, groin and pelvis pain exercises, lifting the diaphragm for deeper breathing, facial massage, applying counter-pressure to the sacrum and the double-hip squeeze.

Unit 8 Relaxation exercises

We introduce relaxation exercises specifically designed for the pelvic floor and related muscles.

Unit 9 Identifying the Pelvic Floor muscles

The anatomy of the pelvic floor is examined and isolated.

Unit 10 Teaching how to, the technique and coaching

The Doula learns how to teach mothers how to safely exercise the pelvic floor muscles.

Unit 11 Positioning and Exercise Quiz

This is a quiz on the Birth Prep exercises and different positions.

Unit 12 Practical Assignment #1 The Hands-on Assignment

This is the hands-on requirement. Working with a volunteer at home or in a workshop with a licensed

Madriella Training Provider the Doula will demonstrate how to safely guide the mother through all of the exercises and positions learned so far.

Unit 13 Research assignment #2 The Birth Partner

This is a 372 page book by a Penny Simkin that is a guide to Childbirth support for labor companions. The students are to read it and answer questions on it.

Module 4 Birth Preferences

Unit 1 Terminology Review

This is a quiz of the Terms and Acronyms learned in Module 2

Unit 2 Research Assignment - Hospital Tour

All Madriella Doulas are required to familiarize themselves with the local hospitals and birth clinics where they will be serving women. This unit includes Birth Facility Fact Sheets that must be completed for each.

Unit 3 The Doulas Role in writing the Birth Plan

As the Doula your responsibility is to present options to the mother when it comes time to write her birth plan. This means that you need to be familiar with the hospitals and birthing centers in your city or town, which is why we required it in the last assignment. In this unit you will be learning how to present those options in birth planning.

Unit 4 Possible Options for Birth Plans

Different options for birth are discussed and presented to the mother. The Doula is also presented with different questions to ask the mother in order to help her tailor her birth “wish list” even more.

Unit 5 The Birth Plan / Birth Preferences Document

The actual writing of the document is covered, including presentation styles contingency planning.

Module 5 The Physiology of Birth

Unit 1 Why Doulas must study the Physiology of Birth

This unit covers the rationale for the in-depth study of birth physiology that is to follow.

Unit 2 The Bony Pelvis

Here we become familiar with the bony pelvis, (or pelvic skeleton) the section between the legs and the torso that connects the spine (backbone) to the thigh bones. Bony landmarks such as the the Sacral Promontory, Ilium, Sacrum, Pubis, Ischium, Pubic Symphysis, Obturator foramen and Coccyx are all identified and their role in birth discussed.

Unit 3 The Soft Pelvis

In this unit we discuss the parts we consider the Soft Pelvis; the uterus (or womb), cervix, and birth canal (or vagina) and discuss their role in the birth process.

Unit 4 The Bishop Score

The Doula is introduced to the Bishop Score and how it is read and interpreted.

Unit 5 Body Changes before labor

Here we discuss some of the physiological changes that take place immediately preceding labor, such as Lightening, Braxton-Hicks contractions, Bloody show – or Losing her Mucus/Cervical Plug etc.

Unit 6 Research assignment #3 The Womanly Art of Breastfeeding

This is a 530 page book published by La Leche League that discusses the many benefits of breastfeeding and some of the most common challenges mothers face. The students are to read it and answer questions on it.

Unit 7 Terminology Review #2

This is a quiz of the Terms and Acronyms learned in Module 2

Module 6 Relaxation Techniques

Unit 1 Research assignment #4 Elective Choice

This is the first of two elective book assignments. The student is to pick a book off the recommend reading list and write a report on the book.

Unit 2 The importance of relaxation

Pregnancy is a very stressful time in life, and it culminates in one of the most physically stressful events a woman can endure. In this unit we discuss the importance of relaxation and stress management for women during pregnancy. The physiological responses of stress and their interference with the Oxytocin production is also discussed.

Unit 3 Relaxation techniques before labor

In this unit we introduce the Doula to different relaxation techniques she can do with her client, specifically Touch Relaxation conditioning, Tense and Release with Mental Imagery.

Unit 4 A Doula Guided Progressive Relaxation Exercise

In this section, we are going to go over a guided relaxation technique where you, the Doula, will assist the expectant mother in achieving a relaxed state. This isn't just for labor and delivery, it's something that can and should be practiced often during pregnancy. Vocal tone and breathing are discussed along with the vocalizations.

Unit 5 Other forms of relaxation

Here we discuss other relaxation techniques suitable for pregnancy, including prenatal yoga (taught by a qualified instructor), Puppet-strings relaxation.

Unit 6 Module Summary & Relaxation Techniques Quiz

This is a quiz on all of Module six, relaxation techniques.

Module 7 Hospital Procedures and Protocols

Unit 1 Introduction

This is an introduction to the most common hospital intake procedures and protocols that are practiced in the United States and other western countries. No two hospitals are exactly alike, and though many procedures are common practice, few are absolutely universal.

Unit 2 The commonality of uncommonality & complications

In this unit we look at preeclampsia and other complications.

Unit 3 Admission procedures

Here we discuss what is commonly done with a mother during her first hour in the hospital or birth clinic.

Unit 4 The various presentations

In this unit we discuss the various presentations, cephalic, breech, or shoulder presentation and what they mean to the mother.

Unit 5 Preparation for delivery

This is a discussion on the different types of fetal monitoring that is used and how they are applied.

Unit 6 Amniotomy

Amniotomy, the artificial rupture of membranes, is discussed in this unit. There is a brief discussion of the different techniques and the four reasons for performing it.

Unit 7 Delivery Procedures

This unit covers delivery procedures, the things the doctor or midwife (and Doula) are doing during the exciting time where the mother is finally free to bear down.

Unit 8 Third Stage of Labor

In this unit we look at the normal healthy progress of the third stage of labor and a few of the complications that can occur at this time, including Retained Placenta, Uterine Atony, Hemorrhage, Uterine Inversion, Trailing Membranes, Perineal hematomas, Nerve/muscle damage caused by "Purple pushing" and Iatrogenic Complications.

Unit 9 More Third Stage considerations

In this unit we look at the standard hospital procedures that follow the third stage.

Unit 10 The Cesarean Section Birth and the Doula

This unit describes what the Doula can do in the event that an emergency C-Section is required. Mothers still need support as they get ready to go into the operating room, and often need extra assistance with breastfeeding after.

Unit 11 Module 7 Hospital Procedures and Protocols Quiz

This is a quiz on all of Module seven, Hospital Procedures and Protocols

Module 8 The Doula in the Birthing Space

Unit 1 Different women, different births

This unit looks at the variations in birth. Some women will say that the pain they experienced was "unbearable" or "excruciating" but other women will say it wasn't bad at all, it was like "bad menstrual cramps." They can't both be true, can they? Actually, yes. Every woman's body is built a little differently. That's what this unit is about.

Unit 2 Physiological reasons for pain during birth

In this unit we explore the physiological reasons for pain in birth, so they can explain it to the mother,

because understanding the purpose behind pain makes it more bearable. Topics include Dilation, Backaches, When it feels like the baby is 'stuck', Stretching of the birth canal, Dealing with Tension, The different types of tension, Employing Touch Relax Conditioning, The significance of breath Inhalation, Exhalation , and Oxygen Delivery

Unit 3 The Doula in the Hospital

Here we discuss the importance of being known by hospital staff, representing Madriella and Doulas everywhere.

Unit 4 Prodromal Labor

In this unit we discuss the Doula's role during Prodromal labor. Prodromal labor does the preliminary work of preparing the uterus, baby, and cervix for birth. This is often mistakenly referred to as "False labor."

Unit 5 Active Labor - (Latent Phase) Stage 1

Here we discuss the Doula's role during the active and latent phase, as well as the physical changes the mother will be experiencing. Several coping strategies are discussed and practiced including "the birth dance" using the "birth ball" verbal encouragements, breathing and focal points.

Unit 6 Active Labor (Transition Phase) Stage 1

In this unit we examine the physiological changes in the transition stage, common reactions with mothers (ie exhaustion and feeling like giving up) and suggestions for comfort measures.

Unit 7 Birth (Latent Phase) Stage 2

This unit is a continuation of the latent phase, but focusing on the changes that come in the second stages.

Unit 8 The Doula's role during Birth (Latent Phase) Stage 2

Here we go through the changes in the second stage of the latent phase and what the Doula can do to support the entire birth team at this critical time.

Unit 9 Crowning and Birth (Active Phase) Stage 2

This unit explores the Doulas role in the final moments of active labor.

Unit 10 Delivery of the Placenta (Afterbirth) Stage 3

Here we discuss the expulsion of the placenta and describe measures that might be taken by the doctor, nurse or midwife to assist (i.e. kneading) and what the Doula can be doing during this time.

Unit 11 The Doula in the Birthing Space Quiz

This is a quiz covering all the units of Module eight, The Doula in the Birthing Space.

Module 9 The Doula after the birth

Unit 1 The need for Postpartum Support

In this unit we discuss the beginnings of Postpartum support for the new mother. There are surprisingly few books written about the postpartum period, and many new mothers need help during this critical time.

Unit 2 Lochia

Here we discuss the process of the endometrial surface of her uterus being shed by way of a vaginal discharge. This shed tissue is called lochia and in this unit we discuss how to prepare the mother for it and instructions for the mom to stay healthy during this time.

Unit 3 Vaginal trauma

In this unit we explore some of the physiological changes happening now that the birth is over, specifically a decrease in estrogen production, which can result in excessive vaginal dryness, making sexual intercourse uncomfortable (a condition known as dyspareunia).

Unit 4 Perineum Soreness

In this unit we discuss vaginal trauma, and how her perineum is going to be sore and possibly recovering from an episiotomy. The soreness is a natural result of the bruising of the tissue and the weakening of the muscle tone of the area. This unit covers suggestions for dealing with the discomfort.

Unit 5 The breasts after birth

Here we detail the changes to the breasts after the delivery of the baby, as there is a decrease in estrogen and progesterone levels in the mother's body. Before the breasts begin to produce milk they secrete colostrum, a thin, yellowish fluid that helps maintain the blood glucose level in the baby. This unit covers the importance of this transformative stage.

Unit 6 Breastfeeding support

This unit discusses some of the difficulties new mothers have with breastfeeding and illustrates the various holds, cradle, cross-cradle, clutch or "football hold" and side lying, as well as tips for helping the baby to latch on.

Unit 7 Research assignment #5- Elective Choice Cultural Differences

This is the second of two elective book assignments. The student is to pick a book off the recommend reading list and write a report on the book. This book must be from a cultural perspective that is different from the reader. That expands and broadens the knowledge and cultural awareness of the Doula.

Module 10 Madriella Birth Doula Certification Examination

Unit 1 Birth Doula Certification Exam

The Madriella Birth Doula certification final examination is 100 multiple choice questions that covers the entire course.



Postpartum Doula Certification

Course Description

A Madriella certified postpartum Doula provides guidance to new parents on important subjects like infant feeding, emotional and physical recovery from birth, mother & baby bonding, infant soothing, and basic newborn care.

The Madriella certified postpartum Doula curriculum is an evidenced-based, academic program designed to fully prepare the applicant to serve a new family in those critical first days and weeks after bringing home a new baby.

To be certified as a Madriella Postpartum Doula you need to pass the online certification examination that is based on the material in this curriculum. All certification candidates must be over the age of 18 and are required to obtain a valid CPR/First Aid certification prior to being certified. You may enroll in the program and take the certification examination without it, but we will not process your certification until you notify us that you have received it.

Course Prerequisite: Madriella Birth Doula Certification

(The Madriella Birth Doula course MUST be completed before this course can be started. No exceptions!)

Course Length: 100 hours

Course Requirements:

Textbook for course (see reading list)

A working Internet connection

A computer or mobile device capable of:

- a) Accessing the Internet
- b) Uploading a written assignment/digital photo

Learning Objectives

By the end of this course the Postpartum Doula applicant will be able to:

- Accurately define the role of the Postpartum Doula and how they interact with the mother, the baby and the rest of the family.
- Provide non-medical postpartum support as defined in the Madriella Five Facets of Support model (Emotional, Physical, Informational, Partner Reinforcement, Self-Advocacy)

Learning Outcomes

- The Postpartum Doula applicant will understand and articulate the role of the Postpartum Doula as evidenced by an online written test.
- The Postpartum Doula applicant will demonstrate application of the Madriella Five Facets of Support model to postpartum care as evidenced by an online written test.

Module and Unit Breakdown

Module 1 The Postpartum Doula

Unit 1 The Job Description

This introductory unit describes the many options for the postpartum Doula and includes some of the duties that a postpartum Doula can perform including breastfeeding support, help with the emotional and physical recovery after birth, light housekeeping, running errands, assistance with newborn care such as diapering, bathing, feeding, and comforting light meal prep, baby soothing techniques, sibling care and referrals to local resources such as parenting classes, pediatricians, lactation support, and support groups

Unit 2 Term of Employment

In this unit we discuss the length of time a postpartum Doula will typically stay and work with the new mother and how to estimate that time depending on her needs.

Unit 3 Working Hours

Here we look at how the postpartum Doula's work schedule can be organized, and how it is different from that of a birth Doula.

Unit 4 How Madriella's Five Facets of Support apply to the Postpartum Doula

The Five Facets of Support are revisited, this time seen through the lens of the postpartum period.

Unit 5 The Postpartum Doula Quiz

This is a quiz on all the units of the first module.

Module 2 Physical needs and care

Unit 1 What, you thought we were done with terms?

In this unit we learn another 618 medical terms and acronyms, this time related to the postpartum period.

Unit 2 Understanding the postpartum period

This unit is an overview of the vast and rapid physiological changes of the postpartum period.

Unit 3 Perineal Wound Care

Here we examine basic postpartum perineal wound care including icing, the sitz bath and the peri-rinse.

Unit 4 The Pelvic Floor

In this unit we revisit the muscles of the pelvic floor; this time with postpartum recovery exercises.

Unit 5 Recovering from Cesarean Births

A cesarean birth puts additional demands on the client's body and recovery. In this unit we explore how the postpartum Doula can assist her once she is home and recovering from major abdominal surgery, as well as adjusting to life with a newborn.

Unit 6 Emotional Bonding

Unit 7 Attachment

In this unit we look at the difficulties some mothers have with bonding following a cesarean births.

Unit 8 Mom's Needs

A new mother is totally focused on taking care of her new baby, and that is as it should be. Unfortunately, that often leaves them very little time to take care of themselves, especially if they have other family or work-related responsibilities.

Unit 9 Getting adequate rest

In this unit we look at how much rest a new mother should be getting in order to stay healthy and have her best interactions with her new baby and the rest of her family, and what a postpartum Doula can do to help in that area.

Unit 10 Physical Changes

This unit is a more in depth look at the physiological changes of the postpartum period and what you can do to help her stay on track with recovery.

Unit 11 Regaining a healthy weight and shape

In this unit we look at dietary recommendations from the experts for helping the mother return to a prebirth weight and shape.

Unit 12 Bathroom issues

In this unit we explore the glamorous and exciting world of urinary problems, bowel movements and hemorrhoids.

Unit 13 Physical needs and care Quiz

This is a quiz of all the units in Module two pertaining to physical needs and care.

Module 3 Emotional needs and support

Unit 1 Emotional Needs of New Mothers

In this unit we look at six specific emotional needs that all new mothers have.

Unit 2 About sexual relations in the postpartum period

The mother and her partner may have questions about physical intimacy in the postpartum period. This unit deals with some of the more common questions and provides evidenced based answers and

recommendations from the experts.

Unit 3 The worries of a new parent

It's easy for an experienced mother or Doula to forget that becoming a parent for the first time can be terrifying. This is especially true if the new mother had little or no experience with babies growing up. In this unit we discuss many of the anxieties and fears a new mother faces as she starts her parenting journey. SIDS and breathing issues, pacifiers, the fontanel, not being able to nurse, the babies temperature and over/under bundling are all addressed.

Unit 4 Emotional needs and support Quiz

This is a quiz of all the units in Module three, emotional needs and support.

Module 4 Teaching Mothering skills

Unit 1 The Baby's Appearance

Many women today grow up without the benefit of a mother willing or able to teach her how to be a mother herself when the time comes. This is one of the reasons why a postpartum Doula might be needed. If this is your client's first baby she may have a hard time adjusting to the reality of his or her appearance. As her birth Doula it would be very helpful for you to prep her with some basic realities.

Unit 2 Feeding Options

Many new mothers struggle with the decision to breastfeed or bottle-feed their new baby. As the postpartum Doula, you can provide the mother with information to help her make the best decision for her. The pros and cons of each position is examined in this unit as well as discussion prompts for the mother.

Unit 3 Helping her succeed at breastfeeding

This unit revisits some of the breastfeeding information from the end of the birth Doula course and is an overview of breastfeeding.

Unit 4 Breastfeeding Basics

Here we go into the specifics of latching and holds for the new mother. This unit provides simple steps for getting the mother ready to succeed in breastfeeding.

Unit 5 Breastfeeding Issues and Resolutions

In this unit we look at some of the more common problems new mothers face when learning to breastfeed and what the Doula can do to reassure her that everything is working as it should, or how to tell if there really is an issue. Topics include production issues, weight gain, swallowing, pacifier use, etc.

Unit 6 Bottle Feeding

Here we examine bottle feeding options for mothers that elect not to breastfeed, or that can't breastfeed for different reasons. Types of bottles, nipples, systems and bottle cleaning are all discussed.

Unit 7 Formula Options - Part 1

This unit reviews commonly used types (not brands) of infant formula; recommended amounts to feed formula-fed infants in the first year; tips on bottle-feeding; guidelines on the selection, preparation, and storage of infant formula; traveling with infant formula; warming bottles, and infant formula use

when there is limited access to common kitchen appliances.

Unit 8 Formula Options - Part 2

This is a continuation of the Formula Options unit, it is cut in half because it is pretty big.

Unit 9 Diaper Changing

Changing diapers is another one of those tasks, like nursing, that many new parents are ashamed to admit they don't know how to do. In fact, they might not know they don't know how to do it, because they always assumed it was so simple they never gave it much thought. In this unit we discuss how to teach new parents how to perform this task.

Unit 10 Bathing the Baby

Bathing the baby is right up there with nursing and changing the diaper on the list of things that scare new parents. In this unit we prepare the Doula for teaching this vital parenting skill, and how to address the most common fears that parents have in regards to handling a slippery wet newborn.

Unit 11 Sleeping Babies

One of the most difficult things for a new parent to adjust to is the change in sleeping patterns. In this unit we examine the adult's normal sleeping pattern that is governed by the circadian rhythm, and explain how and why a newborn's sleeping pattern is different. Strategies for helping the mother get enough sleep are explored.

Unit 12 The Dreaded Colic

Whenever you are teaching a new parent how to deal with an issue like colic it's important to educate them about what is going on with the baby. Once they understand why it's happening, they can deal with it. This unit explores colic and strategies for dealing with it.

Unit 13 Keeping the baby asleep

Here we go over some basic instruction for new mothers on how to structure her environment in away that promotes newborn sleep.

Unit 14 Teaching Mothering skills Quiz

This is a quiz on all the units of Module four Teaching Mothering skills.

Module 5 General support

Unit 1 What is General Support

Postpartum Doulas vary wildly in what services they offer to the mother, this is generally determined by two factors, 1) What kind of help the mother needs and 2) What kind of help the postpartum Doula is willing to provide. In this unit we introduce the wide variety of things that may be needed and the Doula can begin to decide what they are willing and able to help with.

Unit 2 Household Assistance

In this unit we introduce the idea that many postpartum Doulas assist the mother and the family with some light housework during the mother's recovery period. Some postpartum Doulas may not offer this service, and many mothers might not want it, but it isn't at all inappropriate to offer this kind of help.

Unit 3 Mt. Washmore

This short unit reviews some basics of laundry for newborn care, including a few things that a new

mother may not think of.

Unit 4 Meals and Food Prep

Some postpartum Doulas assist the mother and family with light food prep. This unit is not a lesson on cooking, it is a short lesson on cultural awareness and how some cultures view meal prep and it's importance in the family dynamic.

Unit 5 General Errands

Doctors recommend that women who have vaginal birth don't drive for two weeks following delivery. That time increases to six weeks for cesarean delivery. Sometimes the Postpartum Doula can lend a hand with running errands for the mother, paying bills, picking up/dropping off prescriptions, etc. For postpartum Doulas that are offering this type of assistance boundaries and limitations need to be set. That's what this unit is about.

Unit 6 Required Reading

*This unit introduces the required textbook for the Postpartum course, *Nurturing New Families: A Guide to Supporting Parents and Their Newborn Babies*. This is a 192 page book that the Doula needs to read and be prepared to answer questions on.*

Unit 7 Research Assignment Resources

A big part of being a Madriella Doula is "service brokering" which means linking your clients to agencies and specialists that provide services beyond what you are able (or willing) to do. This is the second independent research assignment. The Doula is to put together a directory of your local resources for the following: Breastfeeding, Birth trauma, Postpartum Depression, Parental Support, Crying Baby, Bereavement, Parents of Special Needs, Parents of Multiples, Grandparents, Relationship support, Local Cesarean Support / ICAN Chapter. The Doula is to locate LOCAL resources for these areas such as Human Service agencies, support groups, etc.

Unit 8 General support Quiz

This is a quiz on all the units of module five, General Support.

Module 6 Safety issues

Unit 1 Introduction

Doulas are not medical professionals, the position is inherently non-medical and Doulas do not perform any clinical tasks, especially diagnostic ones. That being said, there are a few medical conditions that you need to be aware of because you will be spending a lot of time with the mother and her family and it's possible they may have questions related to these conditions. Since some of these conditions are in fact life-threatening it's important that you keep your client's family informed if you believe the mother or the baby is at risk.

Unit 2 Postpartum Hemorrhage

In this unit we discuss that a postpartum hemorrhage is and what are the potential causes. Symptoms are discussed so the Doula can recommend medical attention when they are identified.

Unit 3 Preventing a Cesarean Wound Infection

Some surgical site infections are out of the control of the patient. However, women who have had a C-section can take certain steps to reduce their chances of getting an infection. In this unit we discuss precautions to avoid a C-section wound infection.

Unit 4 Post-Cesarean Wound Infection

In this unit we discuss the signs and symptoms of a C-Section wound infection or complication.

Unit 5 Psychological Safety

In this unit we look at the baby blues and postpartum depression, comparing and contrasting the two. We also discuss the importance of vigilance on the part of the Doula and the family, and when to refer the mother to the appropriate mental health professionals.

Unit 6 Perinatal Mood & Anxiety Disorders Overview

This unit is an in-depth look at different perinatal mood & anxiety disorders. Topics include depression in pregnancy or postpartum, anxiety in pregnancy or postpartum, perinatal obsessive-compulsive disorder, post-traumatic stress disorder (PTSD) in pregnancy and postpartum and bipolar disorder

Unit 7 Psychosis in Pregnancy and Postpartum

Postpartum Psychosis is a rare illness, compared to the rates of postpartum depression or anxiety, but we cover it in this unit so that the postpartum Doula will be able to recognize the signs should they occur.

Unit 8 Safety issues Quiz

This is a quiz on all the units of module six, Safety Issues.

Module 7 Standards of Practice Review

Unit 1 Standards of Practice Review

This unit is a review of the Madriella Standards of Practice and how they relate to postpartum Doula practice.

Module 8 Madriella Postpartum Doula Certification Exam

The Madriella Postpartum Doula certification final examination is 65 multiple choice questions that covers the entire course.



Breastfeeding Educator

Course Description

Madriella Breastfeeding Educators are professional breastfeeding specialists that teach new mothers how to feed their baby. This course will prepare you to help women experiencing common breastfeeding problems like difficulty latching, painful nursing, and low milk production. Lactation Educators/Mentors often work in conjunction with Postpartum Doulas or in private practices of their own. They can be found helping women in hospitals, birth clinics and doctors offices where they provide both individual instruction and breastfeeding workshops.

This course is reserved for our Professional Members

Prerequisites: Madriella Birth Doula course, Madriella Postpartum Doula course, Madriella Professional Development Course

Course Requirements:

A working Internet connection

A computer or mobile device capable of:

- a) Accessing the Internet
- b) Uploading a written assignment/digital photo

The first three courses – Birth Doula, Postpartum Doula and Professional Development are required as well before you can take this course.

Course length: 36 hours

Learning Objectives

By the end of this course the MBE applicant will be able to:

- Accurately define the role of the Breastfeeding Educator and how they interact with the mother.
- Provide sound, scientifically based breastfeeding information in a non-judgmental and positive manner.
- Provide compassionate breastfeeding support that includes safe and correct hands-on demonstration of

holds and positioning and assistance with latching.

Learning Outcomes

- The MBE applicant will understand and articulate the role of the Madriella Breastfeeding Educator as evidenced by an online written test.
- The MBE applicant will demonstrate acquired knowledge of the anatomical processes of lactation as evidenced by an online written test.
- The MBE applicant will be able to visually identify and describe correct holds and positioning for the mother.

Module and Unit Breakdown

Module 1 Breastfeeding Basics

Unit 1 Introduction Why breastfeeding is important

This unit is an overview of the course and the material presented. All of the material in this course is evidenced based, scientifically accurate and is derived from trusted sources, specifically, from peer-reviewed medical journals accessed via the US National Library of Medicine and the National Institutes of Health, the Center for Disease Control (CDC) and the Department of Health and Human Services (womenshealth.gov). The material is intended to give you, the future breastfeeding educator, the material that you will use to teach women how to successfully breast-feed their babies.

Unit 2 Section 1. How breastfeeding protects her baby

This unit discusses the protective qualities of breast milk and looks at the scientific data behind each claim. Topics include the nature of Colostrum, purported effects of breast milk in preventing Asthma, Childhood leukemia, Ear infections and Allergies, Eczema (atopic dermatitis), Lower respiratory infections, Necrotizing enterocolitis and Sudden infant death syndrome (SIDS)

Unit 3 Section 2. How Breastfeeding benefits the mother's health

In this unit we are looking at some of the health benefits for the mother in breastfeeding. Specifically the benefits of reducing the rates of Type 2 diabetes, Certain types of breast cancer and Ovarian cancer

Unit 4 Section 3. How breastfeeding can positively impact the mother's life.

This unit highlights some of the positive enhancements of the mothers life that breastfeeding can bring in addition to the health benefits. Topics include availability and convenience, economics, bonding between mother and baby, weight loss and less spitting up to deal with.

Unit 5 Section 4. How breastfeeding benefits the mother's community.

If the health benefits to a mother and a baby are not enough to convince someone of the value of breastfeeding there is great evidence to support the idea that the entire community benefits from breastfeeding. This unit explores the societal effects of breastfeeding. Topics include environmental impact, increased business productivity and emergency life saving factors.

Unit 6 The Anatomy of the Breast

This unit is an introduction to the physical structures of the breast.

Unit 7 Section 1. Development of the Breast

Here we examine the developmental stages of the breast and the Tanner scale.

Unit 8 Section 2. Anatomical Structures

This unit is an in-depth look at the mechanical structures of milk production and delivery. Topics include Milk glands (lobules), Nipple, Areola, Fat and Connective (fibrous) tissue.

Unit 9 The Science of Lactation

This unit is an introduction to the science of lactation and the role of the endocrine system and how the high levels of progesterone, estrogen, prolactin and other hormones work together to inhibit lactation before birth and how their rapid reduction after birth triggers the release of milk, and how the hormone oxytocin triggers the movement of milk into the ducts.

Unit 10 Section 1: Hormonal influences

This unit is a detailed examination of the role of the different hormones, specifically Progesterone, Estrogen, Prolactin, Human placental lactogen (HPL) as well as the secondary influences of Follicle stimulating hormone (FSH), luteinizing hormone (LH), and human chorionic gonadotropin (hCG), Adrenocorticotrophic hormone (ACTH)

Unit 11 Section 2: Stages of Lactogenesis

This unit is an introduction to the four different stages of Lactogenesis, also known as the onset of milk production and secretion.

Unit 12 Section 3: Secretory activation

In this unit we discuss the secretory activation, which refers to the various events or actions that trigger the secretion of milk from the breast.

Unit 13 Section 4: Galactopoiesis

Here we look into the third stage of lactogenesis, galactopoiesis, which is of particular importance to the teaching of lactation to new mothers because it answers so many questions regarding the production of milk.

Unit 14 Section 5: Milk ejection reflex

In this unit we are discussing the Milk ejection reflex, which is the mechanism by which milk is transported from the breast alveoli where it is produced to the nipple. Specifically we will be covering how the physical act of nursing (suckling by the baby) stimulates the paraventricular nuclei and supraoptic nucleus in the hypothalamus, which signals to the posterior pituitary gland to produce oxytocin.

Unit 15 Assignment #1 “Why is breastfeeding important?”

This assignment is a 500 word paper on the subject of the importance of breastfeeding. The Doula is to draw their information from the required text and cite the correct pages to support their statements.

Module 2 Overcoming Obstacles to Breastfeeding

Unit 1 Physical Obstacles to Breastfeeding

In this Unit we will be looking at the physical obstacles to breastfeeding most commonly encountered by new mothers. Specifically Positioning challenges, Pain and discomfort and Abnormalities of the breast

Unit 2 Section 1: Positioning challenges

One of the first challenges that presents itself to the new mother is how to correctly hold the baby while allowing him/her to latch on to the breast. In this unit we will be discussing and demonstrating nine different positions that can be employed by the mother.

Unit 3 Section 2. Pain and Discomfort

Many new mothers say their breasts feel tender when they first start breastfeeding. A mother and her baby need time to find comfortable breastfeeding positions and a good latch. In this unit we are discussing some of the most common causes of pain and discomfort during nursing and how they can be remedied.

Unit 4 Section 3: Abnormalities of the breast

This unit addresses physical abnormalities in the breast that may cause a new mother to question her ability to breastfeed successfully. Specifically we will be discussing asymmetry in the breasts, breast hypoplasia (aka Insufficient glandular tissue) inverted and retracted nipples.

Unit 5 Psychological Obstacles to Breastfeeding

In this Unit we will be looking at some of the psychological barriers to breastfeeding. These are broken down into two areas, fears associated with breastfeeding and beliefs and attitudes about breastfeeding.

Unit 6 Section 1: Fears associated with breastfeeding

In this unit we will be examining the most common fears associated with breastfeeding, specifically, that it will be painful, that it will be insufficient to meet the nutritional needs of the baby and that the mother will be seen as a failure for not being able to do it properly. We will also be looking at ways to address each fear in a strengths based, non-judgmental way.

Unit 7 Section 2: Beliefs and attitudes about breastfeeding.

Most mothers in the United States are aware that breastfeeding is the best source of nutrition for most infants, but they seem to lack knowledge about its specific benefits and are unable to cite the risks associated with not breastfeeding. In this unit we are examining national studies that reveal the attitudes and beliefs of mothers in the United States that reveal these attitudes and suggest countering them in a positive and helpful way.

Unit 8 Cultural Barriers to Breastfeeding

This unit discusses some of the more commonly known cultural barriers to breastfeeding and suggests strategies for mothers that are reluctant to breastfeed because of them.

Unit 9 Returning to work

Mothers that work will often find that returning to work is a significant obstacle to breastfeeding. In this unit we will examine these obstacles and consider ways the mother can circumvent them and successfully breastfeed her baby and have a fulfilling career.

Unit 10 Racial disparities in breastfeeding

Despite overall improvements in breastfeeding rates, significant disparities in breastfeeding have persisted by race/ethnicity, socioeconomic characteristics, and geography. Specifically, breastfeeding rates for black infants are about 50 percent lower than those for white infants at birth, age six months, and age 12 months, even when adjusting for the family's income or educational level. This unit looks at the disparities and suggests positive steps that can be taken to close the gap.

Unit 11 Dispelling the most common Myths

This unit is devoted to dispelling the 14 most common myths about breastfeeding provided by the U.S. Department of Health and Human Services in their campaign to educate mothers about the misinformation surrounding breastfeeding. Each myth is answered individually.

Unit 12 Medical Barriers to Breastfeeding

In this unit we are looking at several studies that have shown there are major obstacles to breastfeeding still existing in some hospitals today. We also examine measures that are being taken by specific hospitals to address these barriers.

Unit 13 Assignment #2 "What are some of the most common challenges"

In this second research assignment the student will write a 500 word written response to the question, "What are some of the most common challenges that are encountered in breastfeeding, and what solutions would you recommend for each?"

Module 3 Breastfeeding and beyond

Unit 1 Maternal Nutrition, Fitness and Health

This unit is an overview of the specific nutritional needs of breastfeeding mothers. It includes numerous recommendations provided by the Dietary Guidelines for Americans and American Academy of Pediatrics and the US Department of Health and Human Services Office of Women's Health (OASH).

Unit 2 Pumping and Storing Milk

Using a breast pump is a skill that the mother must learn, just like learning to hold a feeding baby in different positions or learning how to assist the baby in latching on. In this unit we go through the process, step by step, and include helpful hints that you can give her to make sure she is successful. We also include recommendations for the safe storage of the milk.

Unit 3 Assignment #3 "What is involved in (breast) pumping?"

In this third and final research assignment the student will write a 500 word written response to the question, "what is involved in (breast) pumping/milk expression?"

Unit 4 Final Examination

The Madriella Breastfeeding Educator certification final examination is 68 multiple choice questions that covers the entire course.



Childbirth Educator

Course Description

The Madriella Childbirth educator program prepares our members to teach classes to families expecting babies. This course will help you to prepare women for childbirth and to better comprehend the physical and emotional changes of pregnancy. Our Childbirth educators are a resource for families providing information they may not receive from their healthcare provider alone. They also help new parents to develop valuable strategies for managing pregnancy and childbirth.

This course is reserved for Professional members only.

Course Prerequisite: Madriella Birth and Postpartum Doula Certification Courses, Professional Development Course.

Course Requirements:

Textbook for course (see reading list)

A working Internet connection

A computer or mobile device capable of:

- a) Accessing the Internet
- b) Uploading a written assignment/digital photo

Learning Objectives

By the end of this course the MCE applicant will be able to:

- Provide sound, scientifically based childbirth information in a non-judgmental and positive manner.
- Demonstrate the ability to conduct a lesson in a workshop, classroom or individual setting.

Learning Outcomes:

- The MCE applicant will demonstrate they have acquired sound and scientifically based childbirth education as evidenced by an online written test.
- The MCE applicant will demonstrate preparedness to conduct educational lessons through the submission of well organized and efficient lesson plans.

Module and Unit Breakdown

Module 1 Examining Birth Choices and Goals

Unit 1 Elements of a great Childbirth Education Class

This unit is an introduction to class format (classroom, workshop, individual counseling) and structure.

Unit 2 Parental Expectations

In this unit we explore the various motivations and goals that bring new and prospective parents to a childbirth education class. Understanding the different expectations of new parents is essential to teaching a meaningful and effective Childbirth Education class. Topics include pain management, labor progression, birth planning and assistance, prenatal health, newborn care, medical interventions

Unit 3 Learning Objectives

If you have never taught a class before there is a chance you are not aware of the importance of having stated learning objectives. In this unit we look at writing learning objectives and outcomes for each type of learning environment, workshop, classroom and one on one counseling.

Unit 4 Knowledge verbs for learning objectives

This unit delves deeper into the structuring of learning objectives and gives the student examples of how to write learning objectives based on the complexity of the material and the audience.

Unit 5 The Syllabus and Lesson Plan

In this unit we explore the writing of the syllabus and lesson plans for the course, including how they are structured, what is included and what is not, and how they both differ from course descriptions.

Unit 6 Introducing the Peripheral Benefits of Childbirth Education

Here we introduce the concept of peripheral benefits and how they apply to of Childbirth Education. Specifically, benefits to the parents that are very real and important, but are not typically what they are thinking about when they enroll in a course.

Unit 7 Peripheral Benefits of Childbirth Education

Diving deeper into the concept of peripheral benefits, specifically partner bonding, forming a circle of support, terrain familiarity and of course...fun

Unit 8 How to make your Class fun

Any college professor will tell you students that who interact with each other and have common interests will form more effective peer support networks in class. In this unit we introduce you to several Icebreakers that get students more engaged in the learning process. Students that are more engaged learn more, retain more of what they learn, and are generally more confident. In addition to those benefits, icebreakers give the instructor a way to kill time at the beginning of a class as they wait for stragglers to show up.

Unit 9 Add some games and activities to your lessons

Playing the occasional game lightens the mood and helps people relax. They are also good for raising confidence if done well. This unit describes several classroom games that are frequently used in Childbirth Education classes to get the students working together and to boost their confidence.

Unit 10 Peripheral Benefits Review

This unit is a review of the Peripheral Benefits. As the instructor, it's your job to deliver ALL of the Substantive Benefits and AS MANY Peripheral Benefits as possible. You can't force a couple to bond if they are on the brink of divorce, and some people aren't interested in making friends or even having fun, but if you are creating an atmosphere that is conducive to the Peripheral Benefits those that can experience them will experience them.

Unit 11 Shared Decision Making

In this unit we introduce the concept of shared decision-making to the students. Shared decision-making is a gathering of experts to decide a course of action. It involves the caregiver and the new parents. The caregiver is an expert in clinical issues, namely birth, and medicine. The new parents are experts in their family values, morals, and goals. The expertise of the parents is no less important than that of the caregiver, in fact, while there are many qualified caregivers to choose from, there are only two experts in the field of what is right for you and your partner. Shared decision-making is appropriate for any health care decision where there is more than one medically reasonable option, and birth is definitely an area that has options.

Unit 12 Informed Consent

In this unit we breakdown the concept of Informed Consent and what it means to new mothers and their partners. We also discuss the moral and legal premise of patient autonomy and how a patient has the right to make decisions about her own health and medical conditions.

Unit 13 Working with the Caregiver

In this unit we discuss the decision-making process called a benefit-risk analysis. That means that they weigh the benefits of the procedure against the possible risk. We also look at handling disagreements with the caregiver and shared decision making.

Unit 14 Where will they give birth

In this unit we review how to present different options for locations to give birth to new parents. The pros and cons of each are discussed.

Unit 15 What type of provider?

New parents have more options today in selecting the type of caregiver they want during the pregnancy, birth, and postpartum period. While many factors come into play when choosing a caregiver one of the most important should be the level of care required. This is determined by the overall health of the mother and the progress of the pregnancy. In this unit we look at the different kind of caregivers the new parents choose from.

Unit 16 Models of Care

Since most people do not think about Models of Care until it applies to them they probably haven't considered this yet, so it's an idea you may have to introduce. In this unit we teach you how to familiarize your class with the different Models of Care, but remember, many of your class participants may see the world, and birth, very differently from you, we emphasize that they select caregivers with a philosophy towards birth that mirrors their own.

Unit 17 Very Important Decisions

This unit covers many of the very important questions that new parents will want to ask their caregiver.

Unit 18 Textbook Assignment: Your Birth Worldview

Write a 500 – 1,000 word paper explaining your “Birth Worldview” or “Birth Viewpoint”. In this paper, please address the following: What has influenced your beliefs about birth (personal experiences, readings, etc)? Would you have trouble teaching a student that has a view you disagree with? If so, what belief would that be and how would you handle it?

Module 2 Prenatal Wellness and the New Parents

In this unit we discuss the importance of emphasizing to new parents that they make all of their screenings and checkups.

Unit 1 Prenatal Tests, Screenings

This unit covers what material is generally gathered in the initial prenatal screenings.

Unit 2 Prenatal Visits

In this unit we discuss the importance of prenatal healthcare. Throughout the pregnancy, your student’s caregiver will offer them routine screening tests and diagnostic tests to detect possible problems with their health or their baby’s. It’s important that you stress to your class that these tests, although time-consuming and sometimes unpleasant, are vitally important to the health of the baby.

Unit 3 The tests themselves

In this unit we go into detail describing each test, Ultrasound, Integrated Screening, Sequential Screen Triple or quadruple screening test, Cell-free fetal DNA testing, Amniocentesis, Chorionic villus sampling (CVS), Blood tests, Urine tests, Non-Invasive Prenatal Testing (NIPT) screening, Maternal serum alpha-fetoprotein (MSAFP) and multiple marker screening, Ultrasounds, Glucose screening Fetal Doppler ultrasound, Fetoscopy, Group B streptococcus screening, Electronic fetal heart, monitoring, Nonstress test, Contraction stress test and Biophysical profile

Unit 4 Warning Signs of Pregnancy Complications

This unit covers possible signs of pregnancy complications and as such, it is material that is vitally important for your class participants. Complications of pregnancy can involve the mother’s health, the baby’s health, or both. Some women have health problems before they become pregnant that could lead to complications. Other problems arise during the pregnancy. Keep in mind that whether a complication is common or rare, there are ways to manage problems that come up during pregnancy.

Discussing pregnancy complications can cause apprehension among the participants. Do not let this anxiety stop you from doing the right thing, which is to present accurate and important safety information to your students. Nobody likes hearing about pregnancy complications but knowing how to identify them might allow new parents to take early action that prevents a much worse outcome.

Unit 5 When to call the Doctor or Midwife

This unit covers the basics of when newly expecting parents should be concerned enough to contact their care provider.

Unit 6 Reducing Stress during Pregnancy

It should come as no surprise to anyone that pregnancy is a time of increased stress. As a Childbirth Educator, you are in a position to help your class participants by giving them the tools they need to identify possible sources of stress in their lives and to make suggestions for healthy coping mechanisms. In this unit we walk you through how to do exactly that.

Unit 7 The physiological effects of stress

This unit presents the physiological effects of stress on a pregnant mother, all systems of the body are detailed.

Unit 8 Healthy stress management for new mothers

This unit presents healthy stress management techniques for the mother that you can share with your class.

Unit 9 Dealing with Illness & Discomforts

This Unit deals with some of the safe “home remedies” that have been recommended for mothers experiencing minor discomforts. They may prove helpful, but if the discomfort persists it could be an indication of a serious health issue and the mother should seek the guidance of her caregiver for medical treatment.

Unit 10 Medications and Hazardous Substances

Our modern culture is constantly telling us that there is a pharmaceutical solution for every physical discomfort we may face, but many of the physical discomforts of pregnancy are natural. Not pleasant, but natural. This unit breaks down the different categories of drug warnings for pregnancy that are required by law to be on products and where/how to find more information about them.

Unit 11 Traveling while pregnant

Everyday life doesn't stop once a woman becomes pregnant. Most healthy pregnant women are able to continue with their usual routine and activity level. That means going to work, running errands, and for some, traveling away from home. In this unit we look at considerations the new mother and her family should have when traveling by land, sea and air.

Unit 12 Staying Fit in Pregnancy

Pregnant women are bombarded with dos and don'ts. As a Childbirth Educator, you are in a position to help them cut through the jungle of advice and information they are getting and get right to the facts they need to stay healthy. After all, there's enough to be stressed about during pregnancy as it is, so staying fit should be easy.

Unit 13 Textbook Assignment: Prenatal Fitness Resources

Prenatal Fitness Resources In the Doula course, we required you to research your local hospitals and birth centers so that you would be able to pass that information on to the mothers you serve. For this writing assignment, compile a list of local prenatal exercise classes you can share with your students. This could include: Prenatal Yoga, Prenatal Mat Pilates, Barre and/or Aqua Moms (Water Aerobics)

Module 3 Preparing for Labor and Birth

Unit 1 Review of Birth Anatomy and Physiology

Anytime you are teaching Anatomy and Physiology it's important that you keep in mind who your students are. In this case, we expect you to be teaching new parents. These are probably not medically trained people, and odds are more than half of them will be undergoing the very physiological changes you are discussing in class. The other half is living with a person that is undergoing those physiological changes. That means it's not hypothetical to them, it's not academic, it's personal. So make sure you are using a language they understand and are keeping it relevant.

Unit 2 Getting Ready

In this unit we discuss the last month of pregnancy, what many women say was the hardest and longest. Thankfully there are a lot of things she can be doing to pass the time. Encourage the birth partners in your class to make the most of this special time. It really is a time for them to shine too since there are so many things they can do to help prepare the mother and their home for the arrival of the baby. The birth partners can make a huge difference for the mothers at this time. As the mother is entering the home stretch it is more important than ever for her birth partner to stay positive, optimistic, patient, and cheerful.

Unit 3 The Stages of Labor

In this unit you will be presenting the different stages of labor to your class.

Unit 4 Textbook assignment: The Stages of Labor

Writing assignment: The Stages of Labor The CBE student will write a 1,000-word overview of the process of typical labor from start to finish. This paper should include The physiological changes that occur in the weeks or days before labor begins. How contractions feel and how they are timed. What are the different stages of labor, and what happens at each stage.

Module 4 Teaching Comfort Measures for Labor and Birth

Unit 1 Dealing with Labor Pain

This Unit will give each participant chance to learn more about what happens during labor and childbirth. This is so important because the more the mother knows about why it hurts, the less afraid she will be. The less fear she feels, the easier it will be for her to deal with the pain. Be prepared for your participants to ask questions about the kinds of pain medicines that are available, and you will want to share with them the benefits and risks of each one.

Unit 2 Comfort Techniques for Pain Relief and Labor Progress

In this unit, we will be going over the different techniques for coping with labor, such as walking, changing positions, taking showers or warm baths, and using breathing exercises, relaxation, and massage. Many of the techniques you will be teaching will be very familiar to you since they are drawn from the Doula course.

Unit 3 Pain Medications used in Childbirth

In this unit we break down the different types of medication that are used during labor and delivery and anticipate many of the questions new parents will have regarding each.

Unit 4 The Physiological Stages of Birth

In this unit we describe for the new parents the different stages of birth and what is happening inside the mothers body in each one.

Unit 5 Complications

Knowledge dispels fear, and that is the theme of this unit. Complications are what all new parents are worried about, and in this unit we look at each one of the most common complications and explain them in away that your students will not only understand, but will not fear.

Unit 6 Cesarean Birth

In this unit we will be presenting information on the C-section, specifically information that we believe your students would want to know.

Unit 7 Textbook assignment: Finding Comfort in Birth

Writing assignment: Finding Comfort. The CBE student will write a 1,000 word paper on the topic of applying comfort measures during labor. As a resource, you may use any of the material presented in the Madriella Birth Doula Course, the Plumtree Baby Childbirth Curriculum, or any additional source you have at your disposal. Please cite all sources.

The paper should include: A detailed description of the comfort measure, including the rationale for how and why it works.

Module 5 Postpartum Care

Unit 1 Recovering from birth

Much of this unit will be directed at the birth partners in your class, as you are sharing with them some of the things they can do to help the mother recover from the ordeal of birth.

Unit 2 Postpartum care

Giving birth is one of the most emotionally significant and physically demanding activities a woman can undertake. This Unit is dedicated to the care of the mother in the days and weeks following the birth. It is divided into two sections: Section 1: Physical Care Section 2: Emotional Care

Unit 3 Baby's First Day

This is one of the most exciting units for your class, describing what they are going to experience as a family on the baby's first day. This includes the various hospital procedures that are done on the baby and mom within the first 24 hours following the birth.

Unit 4 Bringing Baby Home

With the exception of those babies born at home, every mother has to plan to bring her little bundle of joy home. There's a lot to think about before that, so it's good to get a head start on it now. In this unit you will be gathering information to present to the parents on all of the minor details that have to be considered when bringing the baby home.

Unit 5 Medical Care for the Baby

In this unit you will be explaining to your class that your baby is going to be very busy during the first few months. The first well-baby visit usually happens a day or two after coming home from the hospital or birthing center. The pediatrician will want to check their newborn for problems, such as jaundice, heart murmurs, and feeding difficulty, which sometimes aren't apparent until the third or fourth day of life. After that, the American Academy of Pediatrics recommends a checkup at 2 weeks, followed by visits at 2, 4, 6, and 9 months, 12, 15, and 18 months, and 2 years. The schedule of screenings and checkups are described for you so that you can present it to them.

Unit 6 Getting Pregnant Again

Some mothers, fathers, or birth partners will be anxious to have another child soon after their first child is born. There are many reasons for this, some are economic, some are cultural, and some are just the parent's desire for their son or daughter to have siblings close to their own age. Whatever the reason, there is one question they are all going to ask: How long should they wait before getting pregnant again? In this unit we will discuss these questions.

Unit 7 Textbook assignment: Following the Birth

Writing assignment: Following the Birth The CBE student will write a 1,000 word paper on one of the two topics: Topic A: Postpartum Care for the mother, suggestions for the Birth Partner. Topic B: Lessons in Newborn Care, what new mothers need to know.

Module 6 Teaching Strategies for Groups and Couples

Unit 1 Running the Class

Remember the first Unit of this course introduced the elements of a great Childbirth Education class. In case you forgot, they were: Parental Expectations, Learning Objectives, The Syllabus and Lesson Plans. In this unit we are going to review all of those now and show you how they work together.

Unit 2 Material Considerations

In this final unit we will be going over all of the things you need to run a successful Childbirth Education class. The number one thing you need is knowledge; the second most important thing is confidence in yourself. Everything after that is just frosting on the cake. But of course, cake frosting is delicious, so let's talk about the things that are nice to have but not necessarily needed. Other details include An adequate facility (this can be your house), Birth balls, Yoga/Exercise mats, Visual Aids , A roll sheet to take attendance, preferably with contact info and Change/Cash and receipt book- if students are paying at the door. All of these material considerations are discussed.

Unit 3 The Final examination

The Madriella Childbirth Educator certification final examination is 69 multiple choice questions that covers the entire course.



Young Parent Support Specialist

Course Description

Teenage parents face an array of challenges that are unique to their situation. This course is designed to prepare our Doulas to serve them during Birth and Postpartum by adapting the five facets of support to meet their circumstantial needs.

Course Prerequisite: Madriella Birth Doula Certification, Madriella Postpartum Doula Certification, and the Madriella Professional Development Course.

Course Requirements:

There is no textbook required for this course.

Learning Objectives

By the end of this course the Doula will be able to:

- Describe how the Five Facets of Support relate to very young parents.
- Identify the special needs and considerations that young parents have.

Learning Outcomes:

- The Doula will demonstrate they understand the application of the Five Facets of Support to young parents as evidenced by an online written test.
- The Doula will demonstrate that they understand the specific needs and considerations of younger parents as evidenced by an online written test.

Module and Unit Breakdown

Module 1 Introduction

Unit 1 Welcome

This unit introduces the course and explains the two major reasons why teen parents are an under-served population, economics and social isolation. We explore both of these topics in detail.

Unit 2 Legal Issues with Teen Parents

In this unit we look at the issues of legal capacity and the laws around working with minors as a Doula.

Unit 3 Research Assignment #1 Reporting Obligation

Different states (and countries) have different laws when it comes to mandated reporting. In this unit the Doula is to research their local state or national governments laws to determine if they have a legal responsibility to report the underage pregnancy.

Unit 4 Serving the underserved

This unit discusses the economic ramifications of working with minors, since many of them will not be allowed to pay for Doula services. You may be contracting not with the mother, but with her parent or legal guardian. Or in some cases, you may be contracting with or employed by another third-party organization. If you are a self-employed Doula (as most are) or if you work in a Doula agency you might find yourself wondering how you can effectively work with teens when most do not have the financial resources to pay for your services.

Unit 5 The Five Facets of Support for Young Parents

The goal of this unit is to teach you how to adapt the Madriella Five Facets of Support to this particular population. Each of these five areas is just as important with teen parents as they are with more mature mothers and fathers, and some are even more critical than others. The rest of the Units in this Module will be dedicated to an overview of the modifications of each facet.

Unit 6 Facet 1 Emotional Support

This unit addresses the very real truth that an adolescent brain functions differently than a mature adult brain, and it brings the science to prove it. So how do these differences effect how you employ emotional support? To being with you have to understand the differences, and they are detailed in this unit.

Unit 7 Facet 2 Physical Support

This unit covers the unique physiological challenges that arise when working with extremely young adolescent mothers (below the age of 15) and we will be discussing these in great detail in Module 3. As always, the mother's general physical fitness is an important factor when attempting to predict how difficult her labor will be. It's important to realize that a younger mother, age 17-20 that does not exercise regularly is not more physically fit than a woman in her mid-30s who does exercises regularly. Do not assume youth to be an indicator of fitness, a younger mother should still be active during her pregnancy and should still be preparing herself with the appropriate stretching exercises before birth.

Unit 8 Facet 3 Informational Support

As in the case of more mature mothers, informational support is critical when it comes to medical interventions the mother may experience during childbirth. In this unit we will explore how your knowledge of Hospital Procedures and Protocols will be invaluable to the younger mother who will have even less experience navigating the medical establishment. And of course, Doulas working with adolescents are still acting as Service Brokers, connecting their younger clients with resources in the community that might be able to meet the specific needs of the mother after the baby is born.

Unit 9 Facet 4 Partner Reinforcement

This unit stresses the importance of partner reinforcement for young parents, especially when everyone expects the partner to not be involved. We also show how strengths-based thinking can help young

birth partners rise to the occasion.

Unit 10 Facet 5 Self-Advocacy

When dealing with younger mothers, especially teen mothers, this can be a hugely important and very difficult terrain to navigate. Unless they are legally emancipated, they will be used to having far less say in their life decisions. Legally they are guaranteed many rights relating to their pregnancy and their baby, but they will be financially limited in their options if they are still economically dependent on their parents. Most pregnant minors require help from their parents, and of course, parents providing that help will want to have a substantial say in the life of their underage daughter.

As the Doula, you are there to help your client advocate for herself, even if your client is not the one paying you.

Module 2 An overview of Younger Parents

Unit 1 How do you view teen pregnancy?

Every person that works with young parents brings with them their own world view and values. This is only natural, and it's something that social workers, counselors, and medical professionals are taught to self-regulate when possible. In other words, to be culturally sensitive to their own bias and to provide the best service possible to their clients regardless of any moral or ideological differences they may have.

Unit 2 The Prevalence of Young Parenthood in the USA

This Unit is very heavy in statistics and we know that most people aren't crazy about statistics, so we apologize in advance. We included this section because it's really helpful to see just how common Adolescent/Teen parents really are.

Unit 3 The Prevalence of Young Parenthood in Other Countries

In this unit we look at how industrialized and developing countries have distinctly different rates of teenage pregnancy. In developed regions, such as the United States, Canada, Western Europe, Australia, and New Zealand, teen parents tend to be unmarried, and adolescent pregnancy is seen as a social issue. By contrast, teenage parents in developing regions such as Africa, Asia, Eastern Europe, Latin America, and the Pacific Islands (in some civilizations) are often married, and their pregnancy may be welcomed by family and society.

Unit 4 The Physical State of Adolescence

In this unit we take a very detailed look at adolescence, a state that begins with puberty, which as you know is a period of several years in which rapid physical growth and psychological changes occur, culminating in sexual maturity.

Unit 5 The Cognitive State of Adolescence

In this unit we examine the cognitive state of adolescence. As we pointed out in the unit on Emotional Support for the Adolescent parent, the human brain is not fully developed by the time a person reaches puberty, and between the ages of 10 and 25, the brain undergoes changes that have important implications for behavior.

Unit 6 Myths and Popular Perceptions of Teen Parents

This Unit is focused on some of the commonly held beliefs about younger parents that are prevalent in our society. They are things many young people hear when they first tell people that they are expecting

a child. They are not based on religious or philosophical ideals or cold indisputable facts. They are based on statistics and anecdotes. This means that sometimes they are true and sometimes they are not, and they never include all of the relevant variables of the individual's circumstance. The purpose of this Unit is to get you thinking about questions to ask in response to these "statements"-because they are things the young parents you are working with will hear. We want you to be ready to help them to understand that just because these statements are true sometimes, they don't have to be true all of the time.

Module 3 Specific Challenges for Young Parents

Unit 1 Physiological Challenges

In this unit we are looking at the physiological challenges of young motherhood, and they are significant. All women can benefit from the care of a trained Doula, but teenage mothers face unique challenges and obstacles of their own. As a Madriella Doula, you can help her to face these challenges by providing information, resources, and encouragement.

Unit 2 Educational Challenges

In this unit we look at the educational challenges to young mothers. This doesn't just refer to what they know about pregnancy, but also education in general. The Center for Disease Control (CDC) reports that pregnancy is the number one reason why teenage girls drop out of school. They go on to claim that only about 50% of teen mothers have a high school diploma compared with 90% of girls who did not have a teen pregnancy. Fewer than four in 10 (38%) teen girls who have a child before they turn 18 earn their high school diploma. Fewer than 2% of teens who have a baby before the age of 18 obtain a college degree by age 30.

Unit 3 Social Challenges

In this unit we look at the two unique challenges young parents face in the area of socialization, Isolation and Stigmatization.

Unit 4 Economic Challenges

According to The National Campaign to Prevent Teen and Unplanned Pregnancy, more than 75 percent of unmarried teen mothers go on welfare within five years of having their first baby. Teen fathers also experience annual earning losses of 10 to 15 percent. In this unit we look at several strategies that the young parent specialist can employ to help them get off to a better start...or at least point them in the right direction.

Unit 5 Relationship Challenges

Pregnancy and the new demands of parenting can strain any relationships between teen parents. According to the National Campaign to Prevent Teen and Unplanned Pregnancy, eight out of 10 teen fathers do not marry the mother of their first child. In this unit we look at some of the relationship challenges that young parents face.

Module 4 Planning for success

Unit 1 Defining Success With Young Parents

In the next Units, we are going to be looking at what elements make a Successful Teen Pregnancy, Birth and Parenting. In order to do that, we need to define our terms for Success. When we say a person is successful, what do we mean by that? Are we using our definition of success, or theirs? Do they see themselves as successful?

Unit 2 Successful Teen Pregnancies

Every young parent's situation is unique, so there is no magic formula for a successful adolescent pregnancy, but there are many indicators of positive outcomes that should be sought after. The more of these indicators your client can achieve, the more likely their pregnancy will have a successful outcome. This unit explores them.

Unit 3 Successful Teen Births

In this unit we will be reading a National Institute of Health article titled "Partner support and impact on birth outcomes among teen pregnancies in the United States" and answering some questions on it.

Unit 4 Successful Teen Parenting

In this unit we take a historical look at teenage pregnancy through human history and discover that for most of our species time on this planet, it was the rule, not the exception. So in this unit we ask what changed, and why?

Unit 5 Safe-Haven Laws

In this unit we look at the various "Safe Haven" laws that allow a mother to safely leave her baby with first responders without fear of legal consequences. If a young parent finds herself overwhelmed you will be able to direct her to a safe place to take the baby.

Unit 6 Adoption

Doulas are NOT Adoption counselors or Social Workers, so this section is fairly brief. As a Madriella Doula we expect you to be able to provide Informational Support to a young mother or couple you are serving that wishes to place their baby up for adoption by assisting them in finding the right resource. This naturally means the assignment for this Unit is a research assignment.

Module 5 Final exam

The Madriella Young Parent Support Specialist certification final examination is 53 multiple choice questions that covers the entire course.



Loss and Bereavement Doula

Course Description

This course is designed to offer a practical guide to applying the Madriella five facets of support to parents that have experienced miscarriage and stillbirth. There is also a brief section dealing with spousal loss.

This course is not designed to prepare you to be a counselor or mental health professional, but it is here show you how our existing model of Doula support can be adjusted to support parents during this most difficult of times.

We hope that it will benefit you and your clients.

Course Prerequisite: Madriella Birth Doula Certification, Madriella Postpartum Doula Certification, Madriella Professional Development Course.

Learning Objectives

By the end of this course the Doula will be able to:

- Identify and list the different forms of grief and their manifestations.
- Articulate how the Madriella Five Facets of Care model applies to a grieving parent or spouse.

Learning Outcomes:

- The Doula will demonstrate that they can identify and differentiate between the different forms of grief as evidenced by an online written test.
- The Doula will clearly specify how the Five Facets of Support can be used to care for a grieving parent or spouse as evidenced by an online written test.

Module and Unit Breakdown

Course Requirements:

Textbooks for course (see reading list)

A working Internet connection

A computer or mobile device capable of:

- a) Accessing the Internet

b) Uploading a written assignment/digital photo

Module 1 Introduction

Unit 1 Welcome

This unit is an overview of the course, which is designed to offer a practical guide to applying the Madriella five facets of support to parents that have experienced miscarriage and stillbirth. There is also a brief section dealing with spousal loss.

This course is not designed to prepare you to be a counselor or mental health professional, but it is here show you how our existing model of Doula support can be adjusted to support parents during this most difficult of times.

Unit 2 Supporting the Grieving

A baby's death is arguably one of the most painful and traumatic experiences that could ever happen to a person. Losing any family member is hard, but infant death comes with a complex set of problems all their own. This unit discusses this unique situation and has a list of real practical suggestions for service.

Unit 3 Grief Types

Understanding that grief is complex and multifaceted is an important part of this course. When we talk about the loss of a baby in pregnancy we are talking about so many different feelings. Each new baby adds a new dimension to the relationship between a man and a woman, it's something that they created together and it's a physical representation of their union, when it dies, that new dimension of their relationship dies with it. The mother experiences the change in the familiar pattern of pregnancy, and they both experience the loss of all the hopes, dreams and expectations they had for the child. The first assignment is to define the fourteen different types of grief.

Module 2 Doula support and pregnancy loss

Unit 1 The Five Facets of Support and Pregnancy loss

Pregnancy and the arrival of a new child changes a family forever, and so does the loss of a child during pregnancy. Expectant parents that experience a pregnancy loss deeply need support from their Doula and their family. In this module, we are going to be examining how the five facets of support can and should be applied to grieving parents.

Unit 2 Facet 1 Emotional Support and Stillbirth

This unit looks the first Facet, Emotional support. A woman's emotional relationship begins with her child the moment she knows she is pregnant, and the fathers begin the moment the mother shares that information with him. From that very first moment, the mother will start to make decisions based on the new life that is growing inside her, and the father may work harder to provide for the coming baby as well. This emotional relationship increases when the mother feels the first movement inside her, and when she takes the father's hand and places it on her belly, his relationship grows as well.

Unit 3 Facet 2 Physical Support and Stillbirth

In the Birth Doula course we discussed the numerous and dramatic physiological changes the body goes through during pregnancy. When the loss occurs the body is going to begin changing again. You can help her to prepare for the change by letting her know what is coming. You can also reduce her anxiety if you keep her informed of the danger signs to watch out for that might indicate something else

is wrong.

Unit 4 Facet 3 Informational Support and Stillbirth

As a Madriella Doula, we expect you to be a source of information for the mother, it's a critical facet of support. But being a source of information does not mean giving medical advice, so you must use wise judgment here. In this unit we examine the best way to deal with a mother or family member that has questions is to offer to sit down with them and help them write a list of questions for their doctor. This is helpful for two reasons that are discussed here.

Unit 5 Facet 4 Partner Reinforcement and Stillbirth

Partner support is an important facet of the Madriella Doula program and it's just as important when dealing with pregnancy loss as it is with a standard pregnancy and birth. A father's emotional relationship with the baby begins the moment he learns that the mother is pregnant. From that moment on, his mind is busy planning the best way to provide for and protect that coming baby. His heart is filled with a yearning to give his son or daughter everything he lacked growing up, and he can be every bit as emotionally invested in the pregnancy as the mother, even though it shows in a very different way.

Unit 6 Facet 5 Self Advocacy and Stillbirth

Self Advocacy is an equally important facet of Doula care in the Madriella model and one that is still relevant when faced with a pregnancy loss. A miscarriage or stillbirth will by their very nature leave the mother feeling powerless. Assuming of course that she did not cause the loss by ignoring a doctor's instructions or by abusing alcohol/drugs, the pregnancy loss was an event that was out of her control. For this reason, she may feel a strong need to take back some control over the situation. There are some areas that you can encourage her to speak up for.

Module 3 Pregnancy and Infant Loss

Unit 1 Loss and Bereavement Book Report 1

In this unit you will be doing the first of three book reports on bereavement. Please select one of the books on the list of approved books for this course. We leave these open to you to determine your focus, but please do not cover material previously covered in an earlier course.

Unit 2 Loss and Bereavement Book Report 2

In this unit you will be doing the second of three book reports on bereavement. Please select one of the books on the list of approved books for this course. We leave these open to you to determine your focus, but please do not cover material previously covered in an earlier course.

Unit 3 Loss and Bereavement Book Report 3

In this unit you will be doing the third and final book report on bereavement. Please select one of the books on the list of approved books for this course. We leave these open to you to determine your focus, but please do not cover material previously covered in an earlier course.

Unit 4 Stillbirth Support Assignment

For this assignment you will be compiling a list of no less than 5 different LOCAL Pregnancy Loss Support services, and no less than 5 different Spousal bereavement support services. DO NOT include general Pregnancy loss websites, we want local people or groups in the area where you will be serving who can help them in the event of a catastrophic loss event for families. In addition, you will be compiling a list of no less than 10 different online support services that are available worldwide in the

event of a catastrophic loss event for families.

This is not difficult, but it does require some research. If you have no idea where to start, call your local hospital maternity ward or hospital chaplaincy and ask, they probably have a list already.

Module 4 Spousal Loss

Unit 1 Spousal Loss

As a Doula you are there to support the mother during her pregnancy, childbirth and the postpartum period. If during that time the mother has experienced a spousal loss, your support can be a great asset. In this unit we are looking at the period of mourning that occurs when a spouse dies, and how the mothers' world changes.

Module 5 The Manifestations of Grief

Unit 1 The Physical Manifestations of Grief

Up to this point in the course we have looked at the emotions of grief, but it is important to remember that grief is not limited to intense feelings of sadness or sorrow. There is also powerful physical manifestations that follow the loss of a child, family member or spouse. In this unit we will be looking at the physical "symptoms" are not limited to those coping with death, although that has been our focus in this course. They also appear in people that have suffered the loss of a long term relationship, which can mean divorce, moving or even loss of a job.

Unit 2 The Clinical Models of Grief

The title of this unit is "The Clinical Models of Grief" and that I know that sounds both intimidating and boring, if those two feelings can be ascribed to the same lesson. Don't worry, we are going to keep it short, but no study of bereavement support would be complete without at least a cursory examination of the major psychological theories behind the processing of loss in the mind.

Unit 3 The Processes of Mourning

In this unit we look at the process of mourning. Mourning is, in the simplest sense, grief over someone's death. But the word also refers to the culturally complex behaviors in which the bereaved participate or are expected to participate. Customs vary between cultures and evolve over time, though many core behaviors remain constant.

Unit 4 Course conclusion

This course has no final examination, only a closing lesson.

DOULA CONTINUING EDUCATION



Professional Development

Course Description

For those Doulas that charge for their services and make a living that incorporates their passion for helping others, we offer this professional development continuing education course. This course is designed to help you expand your knowledge and covers a wide range of topics relevant to the birth industry, such as Doula business licensing, marketing strategies, business networking, and social media presence.

This course is our highest level of Doula credential, and achievement of the MCPCD credential is an assurance to your client that you are a professional, with the highest caliber of training we can offer.

This course is reserved for our Professional Members

Prerequisites: Madriella Birth Doula course, Madriella Postpartum Doula course

Course Requirements:

Textbook for course (see reading list)

A working Internet connection

A computer or mobile device capable of:

- a) Accessing the Internet
- b) Uploading a written assignment/digital photo
- c) Posting/reading messages in the forum

A valid CPR/First Aid Certification and Safe Food Handling Certification are required by the end of this course. Both of these certifications can be done online fairly inexpensively.

Learning Objectives

By the end of this course the Doula will be able to:

- Describe the different forms of Doula businesses and how they operate.
- Identify the different forms of compensation a Doula can receive, including cash payment, insurance payment, single payer reimbursement, and barter.

- Identify the different forms of marketing a self-employed Doula can use to find clientele.

Learning Outcomes:

- The Doula will demonstrate they understand the different forms of Doula businesses and how they operate as evidenced by an online written test.
- The Doula will successfully identify and differentiate between the different forms of compensation they may receive as evidenced by an online written test.
- The Doula will successfully identify the different forms of marketing they may use to find clients, as evidenced by an online written test.

Module and Unit Breakdown

Module 1: The Doula Business

Unit 1: The Professional Doula

Learn about the qualities and responsibilities of a professional Doula.

Unit 2: Understanding Your Why - The Passion Behind the Profession

Explore the motivations and personal connection that drive your journey as a Doula.

Unit 3: The Scope of Doula Work (Birth, Postpartum, End-of-life)

Understand the diverse roles and areas of specialization within the Doula profession.

Unit 4: Your Welcome Packet

Create a comprehensive welcome packet to introduce your services and policies to clients.

Unit 5: Your Internet Presence - a website

Establish a strong online presence through a professional website to attract clients.

Unit 6: Professional Development - Book review

Engage in ongoing learning and development by reviewing relevant literature in the field.

Module 2: Setting Up Your Doula Business

Unit 1: Legal Considerations and Business Structure

Navigate the legal aspects and choose the appropriate business structure for your Doula practice.

Unit 2: Business Registration and Naming Your Business

Complete the necessary steps to register your business and choose a compelling name.

Unit 3: Individual Professional Liability Insurance

Protect yourself and your clients with professional liability insurance tailored to Doula work.

Unit 4: Insurance, Billing and Expenses

Manage your finances effectively by understanding insurance, billing, and expenses.

Unit 5: Financial Management Basics for Doulas

Learn essential financial management skills to maintain a sustainable Doula business.

Unit 6: Setting Your Services and Pricing

Define your services and establish competitive pricing to attract clients while ensuring fair compensation.

Unit 7: Medicaid Billing for Doulas

Understand the process of billing Medicaid for Doula services and serving clients with Medicaid coverage.

Module 3: Marketing and Client Acquisition

Unit 1: Building Your Brand and Online Presence

Develop a compelling brand identity and establish an effective online presence to attract clients.

Unit 2: Effective Marketing Strategies for Doulas

Implement marketing strategies tailored to reach and engage your target audience.

Unit 3: Networking with Healthcare Professionals and Client Referrals

Build professional relationships with healthcare providers and leverage client referrals to grow your business.

Unit 4: Managing Your Online Reputation

Monitor and manage your online reputation to maintain trust and credibility with potential clients.

Module 4: Client Management

Unit 1: Initial Consultations and Onboarding Clients

Conduct successful initial consultations and onboard clients effectively into your Doula services.

Unit 2: Contracts and Agreements

Create clear and comprehensive contracts and agreements to formalize your client relationships.

Unit 3: Supporting Diverse Clients

Learn to provide culturally sensitive and inclusive support to clients from diverse backgrounds. Serving marginalized populations and addressing healthcare disparities and injustices.

Unit 4: Cultural Sensitivity – What is Culture?

Understand the concept of culture and its implications for Doula-client interactions. Applying principles of self-advocacy to marginalized populations.

Unit 5: Downloaded Required Text: Cultural Sensitivity Handbook

Explore resources and guidelines for enhancing cultural sensitivity in Doula practice.

Module 5: Expanding Your Business

Unit 1: Hiring Additional Doulas or Staff

Explore the process of expanding your business by hiring additional Doulas or staff members.

Unit 2: Offering Additional Services or Products

Diversify your offerings by exploring additional services or products to meet client needs.

Unit 3: Collaborating with Other Professionals

Forge partnerships and collaborations with other professionals to expand your network and services.

Unit 4: Scaling Your Business Sustainably

Develop strategies for sustainable business growth while maintaining quality and client satisfaction.

Module 6: Ethical Considerations, Standard of Practice Review and Self-Care

Unit 1: Ethics in Doula Work

Understand ethical principles and dilemmas in Doula practice and learn to navigate them effectively.

Unit 2: Putting the Madriella Doula Code of Ethics into Practice

Apply the Madriella Doula Code of Ethics in your daily practice to uphold professional standards.

Unit 3: Standards of Practice Review

Review and reinforce the Madriella standards of practice to ensure high-quality Doula care.

Unit 4: Self-Care for Doulas

Prioritize self-care and well-being to sustain yourself emotionally and physically as a Doula.

Unit 5: Burnout Prevention

Learn strategies to prevent burnout and maintain resilience in your Doula practice.

Unit 6: Building a Support Network

Build a strong support network of peers and mentors to enhance your professional growth and well-being.

Module 7: Safety

Unit 1: The Initial Consult

Ensure safety and professionalism during initial consultations with potential clients.

Unit 2: Domestic Violence

Recognize signs of domestic violence and learn how to provide support and resources to clients in such situations.

Unit 3: Planning for the Unthinkable

Prepare for emergencies and unexpected situations during Doula support.

Unit 4: Vicarious Trauma

Understand the risks of vicarious trauma and develop coping strategies to protect your well-being.

Unit 5: Dogs

Address safety considerations related to dogs when providing Doula support in clients' homes.

Unit 6: Getting There Safe

Ensure safe transportation to and from client locations during Doula support.

Unit 7: Distracted driving

Minimize distractions and prioritize safety while driving to client appointments.

Module 8: Final Requirements and Final Exam

Unit 1: The value of labor support paper

Reflect on the value and significance of labor support in the Doula profession.

Unit 2: Research Assignment Survey

Conduct a research assignment survey to deepen your understanding of a specific aspect of Doula practice.

Unit 3: Outside Certifications

Explore opportunities for obtaining additional certifications relevant to your Doula practice.

Unit 4: Proof of CPR/First Aid/AED Certification

Provide proof of certification in CPR, first aid, and AED to ensure preparedness for emergencies.

Unit 5: Proof of State Food Handlers Card

Obtain a state food handlers card to comply with health and safety regulations in your area.

Unit 6: Summary and Final Exam

Review key concepts and prepare for the final exam to demonstrate your understanding of course materials.



Understanding Developmental Disabilities

Course Description

The birth industry is an optimistic one, filled with images of perfect, healthy babies, but in reality, many babies are born with conditions that can cause impairment in physical, learning, language, or behavior areas. These conditions begin during the developmental period, may impact day-to-day functioning, and usually last throughout a person's lifetime.

Recent estimates in the United States show that about one in six, or about 17%, of children aged 3 through 17 years have one or more developmental disabilities [1]. Many of these are diagnosed during pregnancy or shortly after birth, an event that leaves mothers and fathers overwhelmed with powerful emotions and doubts about their ability to care for their child properly.

This course is designed to equip the Doula to serve expecting mothers and fathers that have learned their baby may be born with a developmental disability.

[1] CDC.org

Course Prerequisite: Madriella Birth Doula Certification, Madriella Postpartum Doula Certification, and the Madriella Professional Development Course.

Course Requirements:

This course requires 1 textbook, *Different Dreams: Reflections and Realities of Raising a Child With Developmental Disabilities*

Learning Objectives

By the end of this course the Doula will be able to:

- Identify the different Developmental Disabilities presented in the course.
- Find and detail the different government resources available to help parents of children with a developmental disability.

Learning Outcomes:

- The Doula will demonstrate they can identify the different Developmental Disabilities presented in the course as evidenced by an online written test.
- The Doula will successfully list and detail the different government resources available to help parents of children with a developmental disability in their area in a written assignment.

Module and Unit Breakdown

Module 1 Introduction

Unit 1 Welcome

This course is a bit different from our other courses in that it is not a stand alone certification, it is an addition to our Birth and Postpartum Doula Certifications. It exists to meet a specific need, to close a gap that exists in Doula support, instruction in how to support mothers and fathers dealing with a diagnosis of developmental disabilities in their baby. It is our sincere hope that upon completion of this course you will feel more prepared to support parents facing this challenging situation.

Unit 2 The Role of the Doula

In this unit we look at Four of the Madriella Five Facets of Support that directly apply to serving parents that have learned their child will be born with developmental disabilities. The Facet of Physical Support is not directly relevant to this course.

Unit 3 Emotional Support

Parents of children with birth defects or developmental disabilities experience wide range of emotions when they first learn of the diagnosis, shock, denial, grief, and even anger. It's important that they acknowledge these feelings and give themselves permission to mourn the loss of the healthy and "perfect" child they were looking forward to. This unit provides the Doula with guidance on how to do this.

Unit 4 Informational Support

In this unit we review the importance of informational support. Like so many areas of life, parenting a child with special needs is a lot easier when you have the right information. The amount of information each couple would like to learn varies from parent to parent, but they should try to learn as much about their child's condition as they can as soon as they are able. They should be able to get some basic facts from you (thanks to this course) but you will want to encourage them to get as much information from their doctor as possible.

Unit 5 Partner Reinforcement

This unit looks at the specific needs of birth partners in this situation. Often birth partners have fewer social supports than mothers, meaning that there are fewer people they can turn to when they need help processing feelings, expressing grief, etc. When faced with the news that their child is going to be born with a developmental disability many men experience their own unique feeling of isolation that exacerbates the grief and disappointment that the mother is feeling.

Unit 6 Self Advocacy

This unit explores the importance of Self Advocacy for parents. When a mother learns that her baby has been diagnosed with a developmental disability she is going to find that there are many more medical issues that need to be tackled than there would be in a normal pregnancy. There will be new medical situations that will require decisions to be made and after the baby comes there will be many more choices to make. The mother will need encouragement to assert her desires not just for her

pregnancy, but for the health and welfare of her baby.

Module 2 Some Common Developmental Disabilities

Unit 1 What is a Developmental Disability?

In this unit we present the definition of a Developmental Disability and explain how the different developmental milestone factor in the diagnosis.

Unit 2 Down syndrome

In this unit we are going to be looking at Down Syndrome first because it is one of the most common Developmental Disabilities and it is often detected during pregnancy. It is our sincere hope that through this course you will be ready to provide emotional and informational support to parents that learn the baby they are expecting will be born with this condition.

Unit 3 Autism Spectrum Disorder

In this unit we are looking at Autism spectrum disorder (ASD) , which is a developmental disability that can cause significant social, communication and behavioral challenges. There is often nothing about how people with ASD look that sets them apart from other people, but people with ASD may communicate, interact, behave, and learn in ways that are different from most other people.

Unit 4 Fetal alcohol spectrum disorders (FASD)

In this unit we are looking at Fetal alcohol spectrum disorders (FASDs) are a group of conditions that can occur in a person whose mother drank alcohol during pregnancy. These effects can include physical problems and problems with behavior and learning. Often, a person with an FASD has a mix of these problems.

Unit 5 Cerebral palsy (CP)

In this unit we are examining Cerebral palsy, which is a group of disorders that affects a person's ability to move and keep balance and posture. Signs and symptoms vary among people and over time. Cerebral palsy is the most common motor disability in childhood. "Cerebral" means having to do with the brain, and "Palsy" means weakness or problems with using the muscle.

Unit 6 Intellectual disability, (formerly known as mental retardation)

This unit is a look at intellectual disability (ID), also known as general learning disability and formerly known as mental retardation (MR), is a generalized neurodevelopmental disorder characterized by significantly impaired intellectual and adaptive functioning. It is defined by an IQ under 70, in addition to deficits in two or more adaptive behaviors that affect everyday, general living.

Unit 7 Spina bifida

In this unit we are looking at Spina bifida, which is a condition that affects the spine and is usually apparent at birth. It is a type of neural tube defect (NTD). Spina bifida can happen anywhere along the spine if the neural tube does not close all the way. When the neural tube doesn't close all the way, the backbone that protects the spinal cord doesn't form and close as it should. This often results in damage to the spinal cord and nerves. Spina bifida might cause physical and intellectual disabilities that range from mild to severe.

Unit 8 Muscular Dystrophy

In this unit we are exploring Muscular dystrophies, which are a group of muscle diseases caused by mutations in a person's genes. Over time, muscle weakness decreases mobility, making everyday tasks

difficult. There are many kinds of muscular dystrophy, each affecting specific muscle groups, with signs and symptoms appearing at different ages, and varying in severity. Muscular dystrophy can run in families, or a person can be the first in their family to have a muscular dystrophy. There may be several different genetic types within each kind of muscular dystrophy, and people with the same kind of muscular dystrophy may experience different symptoms.

Unit 9 Vision and Hearing Impairment

In this unit we are looking at both vision and hearing impairment. Visual impairment, also known as vision impairment or vision loss, is a decreased ability to see to a degree that causes problems not fixable by usual means, such as glasses. Hearing loss has many causes. 50% to 60% of hearing loss in babies is due to genetic causes. There are also a number of things in the environment that can cause hearing loss. 25% or more of hearing loss in babies is due to “environmental” causes such as maternal infections during pregnancy and complications after birth.

Unit 10 Kernicterus

In this unit we are looking at Kernicterus, which is a bilirubin-induced brain dysfunction. The term was coined in 1904 by Christian Georg Schmorl. Bilirubin is a naturally occurring substance in the body of humans and many other animals, but it is neurotoxic when its concentration in the blood is too high, a condition known as hyperbilirubinemia. Hyperbilirubinemia may cause bilirubin to accumulate in the grey matter of the central nervous system, potentially causing irreversible neurological damage.

Unit 11 Tourette Syndrome

In this unit we are looking at Tourette Syndrome (TS) is a condition of the nervous system. TS causes people to have “tics”. Tics are sudden twitches, movements, or sounds that people do repeatedly. People who have tics cannot stop their body from doing these things. For example, a person might keep blinking over and over again. Or, a person might make a grunting sound unwillingly.

Unit 12 Fragile X syndrome (FXS)

In this unit we are looking at Fragile X syndrome (FXS), which is a genetic disorder. A genetic disorder means that there are changes to the person’s genes. FXS is caused by changes in the fragile X mental retardation 1 (FMR1) gene. The FMR1 gene usually makes a protein called fragile X mental retardation protein (FMRP). FMRP is needed for normal brain development. People who have FXS do not make this protein. People who have other fragile X-associated disorders have changes in their FMR1 gene but usually make some of the protein.

Module 3 Research Assignment: Different Dreams

Unit 1 Book Report: Different Dreams

*This is the only research assignment for this course. You are to write a 1,000 word paper on the book: *Different Dreams: Reflections and Realities of Raising a Child With Developmental Disabilities* Your paper should include the following: A recap of the book, detailed enough to convince us that you actually read the book and not just the dust jacket. Look at the chapter headings for clues towards what to include within your review Your personal reaction/response to the book is strongly encouraged, as the purpose of this reading is to help you develop empathy for family members that are facing this reality. Include any critique of the book you have to offer. Did you agree with everything or are there ideas you do not agree with? Header information needs name, date, contact information and assignment name (you got part of that) and the review needs to be a minimum of 1,000 words long.*

Module 4 Practical Help for Parents of Children with Developmental Disabilities

Unit 1 Offering Practical Help to Parents

This unit looks at the rationale for this course, which is to give our Doulas the knowledge and skill to support a family that has learned their baby has a developmental disability. We know from experience that this diagnosis can be very overwhelming, especially for new parents. There is a flood of emotions involved, ranging from grief to anger and anxiety. For a Doula this situation can be overwhelming as well. What do you say when the mother learns her baby is going to be born with Down Syndrome? That certainly wasn't in her Birth Plan.

Unit 2 State Agencies

In this unit we look at your state's resources for parents with children that have Developmental Disabilities. Every state has an official governmental agency that provides services and support for individuals with developmental disabilities and their families. This is very important to know, and you would be surprised to know how many people with children that qualify for assistance do not know it.

Unit 3 Final Project Instructions

There is no Final exam for this course, but there is a final project that must be completed. The following Units in this Module all contain at least one website link to a national organization that provides support and services for individuals and their families that are living with that particular Developmental Disability. You can use those for this project. Your assignment is to use each national database to locate the closest support group or branch office near your location. You are to compile these in a document (.pdf or .doc format) to upload in the last Unit. That is your final project. The list should contain the name of the resource, the contact information (website, phone number and physical address) as well as a brief description of the services/support they offer.

Units 4-14 Local, State and National Support Organizations

These units cover organizations that provide support for all of the different Developmental Disabilities that are covered in this course.

Unit 15 Final Project Due

This is the last unit of this course and the Final Project is due. There is no final examination for this course.



Trauma-Informed Care

Course Description

Pregnancy and childbirth are often difficult experiences for women who have experienced trauma. Exposure to interpersonal trauma is common in the United States and women experience high lifetime rates of child abuse, sexual assault, and intimate partner violence. These past traumas often impact reproductive health.

This course provides practical recommendations for implementing trauma-informed care (TIC) in Doula practice and discusses examples and principles of TIC.

Course Prerequisite: Madriella Birth Doula Certification, Madriella Postpartum Doula Certification, and the Madriella Professional Development Course.

Course Requirements:

There is no textbook required for this course.

Learning Objectives

By the end of this course the Doula will be able to:

- Define Trauma-informed care and explain how it relates to Doula practice.
- Identify the different forms of trauma that a mother may be experiencing.
- Explain how being aware of past trauma can improve delivery of Doula services.

Learning Outcomes:

- The Doula will demonstrate they understand the the concept of Trauma-informed care as evidenced by an online written test.
- The Doula will successfully identify the different forms of trauma that a mother may have as evidenced by an online written test.
- The Doula will successfully articulate how being aware of past trauma can improve delivery of Doula services as evidenced by an online written test.

Module and Unit Breakdown

Module 1 Trauma-informed care Defined

Unit 1 What is Trauma Informed Care?

In this unit we introduce the concept of Trauma-Informed Care (TIC), which is a way of presenting services that recognizes the statistical probability that the individual receiving the service may have a history of trauma. Trauma-Informed Care recognizes the presence of trauma symptoms and acknowledges the role trauma may play in an individual's life- including her birth experience.

Unit 2 Research Assignment 1

This is the first research assignment, it is on the article "What doesn't kill us: Stephen Joseph discusses the psychology of post-traumatic growth" that was published in the journal Psychologist. A link to it is provided.

Unit 3 The Need for Trauma Informed Care

Mothers who have experienced trauma are at risk of being re-traumatized in every social service and healthcare setting. In regards to maternity care, this is particularly true when the nature of the past trauma is sexual. This unit provides the rationale for this course and explains its importance in the Doula industry.

Unit 4 Responding to Trauma

In this unit we look at the foundation of trauma-informed care, which is the vast amount of research that has been done on how the brain responds to trauma. Providing a birthing environment with safety, choice, and control to women that have experienced trauma is the goal.

Unit 5 Birth Trauma Prevalence

In this unit we are looking at the ubiquitous nature of trauma. Trauma arises from many forms of neglect, abuse, violence, loss, witnessing violence, and other overwhelming life events. Individuals react to and cope with these potential sources of trauma in different ways.

Unit 6 Causes of Birth Trauma

The research into the field of birth trauma is limited and in the past, it has focused entirely on the importance of the type of delivery a woman has undergone. Thankfully, newer studies are looking at the significance of women's perceptions of their birth experience. In this unit we dive into those studies so that we can better understand birth trauma.

Module 2 Effects of Trauma on Expectant Mothers

Unit 1 PTSD related issues in pregnancy

This unit looks at the specific issues of Post-traumatic stress disorder (PTSD) in pregnant women. We examine the statistical prevalence of the condition among pregnant women and the resulting impact on their maternal outcomes.

Unit 2 Maternal Responses to Prenatal Stress

During pregnancy, the mother's endocrine, nervous and immune systems all undergo adjustments to support pregnancy, and research has shown that prenatal stress can affect pregnancy by disrupting these processes. This unit delves into the science and pinpoints exactly what processes of the mothers

body are inhibited by the presence of prenatal stress.

Module 3 Past Birth Related Trauma

Unit 1 Fear of Sex and Childbirth

This unit looks at tokophobia, the fear and deep-seated dread of childbirth. We look at Primary and Secondary tokophobia, the causes and the differences between the two.

Unit 2 Research Assignment 2

In the last unit, we introduced tokophobia, a fear of childbirth. It is not unreasonable to assume that a Doula would be hired by a mother or her family if she was exhibiting signs that she was afraid of childbirth. For this reason alone it's an important concept to review. In this research assignment you are to read tokophobia: A dread of pregnancy by Manjeet Singh Bhatia and Anurag Jhanjee an article that was published in the Industrial Psychiatry Journal and answer questions on it. A link to the article is provided in this unit.

Unit 3 Postnatal isolation

In this unit we look at the phenomenon of Postnatal isolation and how it relates to PTSD in new mothers. Researchers have noted that women who suffer PTSD symptoms after childbirth frequently find themselves very isolated by their experience and detached from other mothers.

Unit 4 Aversion to healthcare and difficulty bonding with the baby

In this unit we examine a common symptom of birth trauma, which is aversion to healthcare and difficulty bonding with the baby. Birth trauma can lead some women to avoid other types of medical care. This can be very serious as it can lead to her refusal to follow up on warning signs of life-threatening conditions. For example, some women have refused to follow up on abnormal menstrual cycles or cervical smears.

Unit 5 The Risks of Undiagnosed PTSD

In this unit we examine the risks of Undiagnosed PTSD in new mothers, and they are serious. If left untreated, PTSD is associated with increased physical morbidity, subsequent psychiatric illness, and accidental and non-accidental death. Suicide is the leading cause of maternal morbidity. It has been speculated that the majority of women who commit suicide in the postpartum period are not just suffering from Postpartum Depression but also struggling with severe post-traumatic stress disorder or PTSD.

Module 4 Different Types of Trauma: Interpersonal and External

Unit 1 Interpersonal trauma

In this unit we are looking at Interpersonal trauma, which is psychological trauma as a result of interactions between people. It can result in post-traumatic stress disorder (PTSD). Chronic, sustained interpersonal trauma can result in complex post-traumatic stress disorder, which has both symptoms of PTSD and also problems in developmental areas such as emotional self-regulation and interpersonal functioning. More than half of the incidents causing interpersonal trauma to happen to children and teenagers.

Unit 2 External trauma

In this unit we are looking at External trauma, which is psychological trauma as a result of external forces that may not be directly related to the actions of people known to the person. Like Interpersonal

trauma, it can definitely result in post-traumatic stress disorder (PTSD). External trauma is often dramatic, sudden events that affect many people.

Unit 3 Developmental trauma

In this unit we are looking at Developmental trauma, which is a subset of Interpersonal Trauma that includes the experiences of children at different stages. It generally involves sexual, physical, and psychological abuse, neglect (withholding love, affection, and the necessities of life), or witnessing violence in the home. These experiences happen during the developing years of infancy, childhood, and adolescence, and are usually committed by trusted adults, caregivers, and/or older figures in the person's life.

Unit 4 The Prevalence of Trauma in Pregnancy

In this unit we are looking at the statistics that support the prevalence of trauma in pregnancy. According to the National Alliance on Mental Illness (NAMI), approximately 10% of women in their lifetime will suffer from PTSD, with one-third of episodes lasting more than five years. Understanding how post-traumatic stress disorder (PTSD) affects pregnancy is important for Doulas given its prevalence among women. The relatively high prevalence of PTSD in young women and the chronic nature of the illness make it very likely that they will experience pregnancy and PTSD together.

Unit 5 Research Assignment 3

This is the third research assignment, it is on the article "The prevalence of post-traumatic stress disorder during pregnancy and postpartum period" by Rozita Khoramroudi published in the Journal of Family Medicine and Primary Care. Please read it and answer the questions provided. A link to it is provided.

Module 5 The Effects of Trauma

Unit 1 Adverse Childhood Experiences (ACE)

An important part of being Trauma-informed is understanding Adverse Childhood Experiences (ACE). This unit looks at Adverse childhood experiences, which encompass various forms of physical and emotional abuse, neglect, and household dysfunction experienced in childhood. The harms of ACEs can be long-lasting, affecting people even in their adulthood.

Unit 2 The Neurobiology of Trauma

This unit looks at the way trauma makes physiological changes to the brain, which in turn result in distinct and sometimes harmful behavioral patterns.

Unit 3 Childhood Sexual Trauma in the Doula Client

Individuals who have experienced sexual abuse as children, both men and women, experience an additional level of suffering due to the sexual nature of the abuse. Adult victims of childhood sexual abuse can feel shame, self-blame, and self-hatred that victims of violence alone will generally not share. This unit explores this sensitive issue and provides insight on the reticence of many victims of childhood sexual trauma.

Unit 4 Complex Post-Traumatic Stress Disorder (Complex PTSD)

This unit examines Complex Post-Traumatic Stress Disorder (Complex PTSD), which is different from other forms of PTSD. Most traumatic events (e.g., car accidents, natural disasters, etc.) are of time-limited duration. However, in some cases, people experience chronic trauma that continues or repeats for months or years at a time. Some have suggested that the current PTSD diagnosis does not fully

capture the severe psychological harm that occurs with prolonged, repeated trauma. Treatment considerations for those with such complex trauma histories are reviewed.

Module 6 Implementing a Trauma Informed Doula Practice

Unit 1 Opening doors long shut

If the mother or her partner has sought out a Doula because of a past traumatizing birth experience she will probably be very forthcoming about that fact. If the trauma is related to an ACE it is not something that is likely to come up in the short conversations you will have in the intake of a new client. In this unit we introduce a screening tool that can be implemented in your Doula practice that can help you identify these situations more accurately.

Unit 2 Fundamentals of a Trauma-Informed Doula Practice

Medical and social service industry researchers have identified some fundamental principles of trauma-informed practice. This unit looks at a list of four principles has been drawn from many sources including case reports, industry literature, and practitioner input. These four fundamental principles can provide a solid framework for a trauma-informed Doula practice.

Unit 3 Characteristics Required for Working with People Affected by Trauma

Working with people who have experienced trauma is obviously a little more difficult than the average Doula work (if such a thing as average Doula work exists). It can be difficult and emotionally draining. It can also trigger our own trauma histories if we have them, and many Doulas do. Many women chose Doula work because they have experienced their own birth trauma and that has given them the desire to help other women. This unit examines the characteristics that are required for this sensitive work.

Unit 4 The Strengths-Based Approach and Post-Traumatic Growth

This unit looks at the Strengths-Based Approach, which focuses on the mother's strengths and not on her deficits. Focusing on a person's strengths instead of their weaknesses is really a great model for working with everyone, but it is especially effective when working with people who have experienced trauma and who may see themselves as weak or a victim due to their experiences. When you are using a strengths-based perspective while building your relationship with the client you can begin to help them re-frame their trauma so that it is not a sickness or identity, but rather like an accident or injury. It changes the inner monologue question from "What is wrong with me, why am I like this?" to "What happened to me, and how do I grow stronger from this?"

Unit 5 Talking With People Who Have Experienced Trauma

Whenever we are speaking to someone the words we use is only part of our communication. We should be aware of our tone and how are questions and statements are worded. This unit provides practical guidance for speaking to people who have experienced trauma.

Module 7 Self-care for Doulas working with Traumatized Clients

Unit 1 Burnout

This unit examines Burnout, which is a common term that refers to the physical and emotional degradation that someone can experience when they are unsatisfied or overwhelmed at work. The most common symptoms of burnout are exhaustion (feeling physically and mentally drained), disconnection from self (feeling hardened or numb), increased anxiety and depression, and reduced investment in accomplishing work goals. A Doula experiencing burnout may notice that they have lost their energy

and passion for birth work. We discuss it's causes, prevalence, and positive action to get the Doula back on track.

Unit 2 Compassion Fatigue

This unit looks at Compassion Fatigue, which is a less common term that refers to the deep emotional exhaustion one can have after prolonged exposure to traumatic situations or to hearing the details of someone's traumatic situation. If you do not take measures to protect yourself, this kind of exhaustion can reduce your ability to feel empathy for clients and your own loved ones. Sadly, the people who are most drawn to work with abused women (due to their high degree of empathy) are the most likely to develop compassion fatigue. There really is a limit to how much energy you can expend in caring for people, and if you do not take breaks and distance yourself to "recharge your battery" it is inevitable.

Unit 3 Vicarious Trauma

This unit examines Vicarious Trauma, which is different from both Burnout and Compassion Fatigue. It refers to a theorized condition that occurs when a care provider (often a counselor, but it can easily apply to anyone that is working closely with a traumatized person) has a profound world change and is permanently altered by the interaction of empathetic bonding with a client. Service providers can be affected by the trauma experiences of their clients because their empathy, which is essential in the helping process, makes them vulnerable.

Unit 4 The Trauma Exposure Response

This unit goes deeper into Vicarious Trauma and provides symptoms, risk factors and self care suggestions you should be mindful of when working with traumatized clients.

Module 8 Course Summary and Final Exam

Unit 1 Final Examination

The Madriella Trauma-informed care course final examination is 128 multiple choice questions that covers the entire course.



HIPAA Compliance for Doulas

Course Description

This course is designed for Doulas who wish to deepen their understanding of HIPAA (Health Insurance Portability and Accountability Act of 1996) and ensure compliance in their practice. It covers the essentials of HIPAA, focusing on privacy and security rules, and how they apply to Doula services. By the end of the course, participants will have a clear understanding of HIPAA requirements and best practices for safeguarding client information.

Course Prerequisite: None.

Course Requirements:

There is no textbook required for this course.

Learning Objectives

By the end of this course the Doula will be able to:

- Describe the components of the Health Insurance Portability and Accountability Act (HIPAA), including its history, purpose, and key components.
- Identify Protected Health Information (PHI): Learn to recognize what constitutes PHI and understand the importance of safeguarding this information in a Doula practice.
- Implement Best Practices for HIPAA Compliance: Learn how to establish and maintain a HIPAA compliant practice through regular training, policy development, and continuous improvement strategies.

Learning Outcomes:

- The Doula will be able to accurately describe the key elements of HIPAA, including its history, purpose, and the essential components that impact healthcare practices.
- The Doula will be able to correctly identify various types of PHI and understand the significance of its protection in a Doula practice.
- The Doula will be able to develop and integrate effective HIPAA compliance practices, including regular training and policy updates, into their Doula practices.

Module and Unit Breakdown

Unit 1: Overview of HIPAA

Gain an understanding of the Health Insurance Portability and Accountability Act (HIPAA) and its significance in healthcare.

Unit 2: Importance for Doulas

Explore the relevance of HIPAA regulations to Doulas and their role in protecting client privacy.

Module 2: Understanding HIPAA Privacy Rules

Unit 1: Privacy Standards

Learn about the privacy standards outlined in HIPAA and their implications for handling protected health information (PHI).

Unit 2: Protected Health Information (PHI)

Understand what constitutes PHI and the importance of safeguarding this sensitive information.

Unit 3: Permitted Uses and Disclosures

Explore the circumstances under which PHI can be used or disclosed in compliance with HIPAA regulations.

Unit 4: Doulas' Role in Protecting Privacy

Understand the specific responsibilities of Doulas in ensuring the privacy and confidentiality of client information.

Unit 5: Real-life Scenarios in Protecting Privacy

Analyze real-life scenarios to better grasp the practical application of privacy rules in Doula practice.

Unit 6: Best Practices

Explore best practices for maintaining HIPAA compliance and protecting client privacy in Doula care.

Module 3: HIPAA Security Rule and Doulas

Unit 1: Security Standards

Learn about the security standards established by HIPAA to protect electronic PHI (ePHI).

Unit 2: Ensuring the Confidentiality, Integrity, and Availability of PHI

Understand the principles of confidentiality, integrity, and availability as they apply to ePHI.

Unit 3: Physical, Technical, and Administrative Safeguards

Explore the different types of safeguards—physical, technical, and administrative—used to protect ePHI.

Unit 4: Implementing Security Measures

Learn how to implement security measures to prevent unauthorized access to ePHI.

Unit 5: Digital and Physical Record-Keeping

Understand the requirements for secure digital and physical record-keeping to maintain HIPAA

compliance.

Unit 6: Technology and Data Encryption

Explore the use of technology and data encryption to enhance the security of ePHI.

Module 4: HIPAA and Client Rights

Unit 1: Client Rights Under HIPAA

Learn about the rights afforded to clients under HIPAA, including access to their medical records and amendments to their PHI.

Unit 2: Access to Medical Records

Understand the process for granting clients access to their medical records in compliance with HIPAA regulations.

Unit 3: Amendments and Accountings of Disclosures

Learn about clients' rights to request amendments to their PHI and accountings of disclosures made.

Unit 4: Doulas' Responsibilities

Understand Doulas' responsibilities in upholding client rights and facilitating access to medical records.

Unit 5: Informed Consent

Explore the role of informed consent in HIPAA compliance and client communication.

Unit 6: Handling Client Requests and Complaints

Learn how to effectively handle client requests for access to PHI and complaints related to privacy breaches.

Module 5: Breach Notification and HIPAA Violations

Unit 1: Understanding Breaches

Learn about breaches of PHI and the implications for HIPAA compliance.

Unit 2: What Constitutes a Breach

Understand the criteria for determining whether an incident constitutes a breach under HIPAA.

Unit 3: Consequences of HIPAA Violations

Explore the potential consequences of HIPAA violations for healthcare providers and organizations.

Unit 4: Legal Implications

Understand the legal implications of HIPAA violations and the potential penalties for non-compliance.

Unit 5: Case Studies on Violations in Doula Practices

Analyze case studies to understand common HIPAA violations and their impact on Doula practices.

Module 6: Best Practices for HIPAA Compliance

Unit 1: Creating a HIPAA Compliant Practice

Learn how to establish a HIPAA-compliant practice and implement policies and procedures to safeguard PHI.

Unit 2: Policies and Procedures

Develop comprehensive policies and procedures to address HIPAA requirements and protect client privacy.

Unit 3: Training and Awareness

Ensure that staff members receive adequate training and awareness programs to understand their roles in maintaining HIPAA compliance.

Unit 4: Continuous Compliance

Implement processes for continuous monitoring and assessment to ensure ongoing HIPAA compliance.

Unit 5: Regular Audits

Conduct regular audits and assessments to identify vulnerabilities and areas for improvement in HIPAA compliance.

Unit 6: Keeping Up-to-Date with Changes in HIPAA Regulations

Stay informed about updates and changes to HIPAA regulations to adapt your practices and policies accordingly.

