

EPEC Doula Training Syllabus

General format: 6 day training, 9-6pm each day

Topic	Subtopics	Content
Day 1		
Intros	Welcome: community building activity	- doulas intro, share their goals and why they are here - doulas through time - Lorenza's New England Legacy
	Facilitator intros	Our story, roots and inspiration
Welcome	Housekeeping	- bathrooms - lunch options - wifi
	Schedule	Timing of each day as a quick overview
	Materials	- manual - contact info to build community
	Expectations	- attendance - participation - follow through
	Learning styles	- best practices for note-taking
Getting started	Mutual agreements	Establishment of safe space
	Overarching goals	- objectives and goals - trainer's goals - collective goals
	History of maternal health	
	Doulas are/aren't or do/don't	- list of things we can expect to do, be aware of, provide, and know - core values of the doula - list of ways we would be out of scope or ineffectively doing the work - DPH core competencies
	Best practices of doulas	excerpted from Laura Pichardo's MaDoCo training
	Best practices in using this training	- follow the flow - make connections with the group - next steps
The pregnant body	A comparison before/during pregnancy	
	Trimester tour	
	The growing uterus	

	The pelvis	
	The pelvic floor	
	Psoas	
	Fascia	
	The cervix	- methods and reasons for checking for cervical change - dilation and effacement - common procedures that affect cervical opening (LEEP, colpo, repeated D&C)
	Placenta	
	Space	
	Late pregnancy discomforts	
	Considerations and variations	
	Due dates	
Closing the day		
Day 2		
Opening the circle		
Common concerns in pregnancy	Birth giver-centered care	- BRAIN - doula's guide to decision making - emotional support and holding space - listening to bodies and babies
	Birth giver's wellbeing	- routine tests/screenings - cervical checks
	Fetal wellbeing	Routine tests/screenings
		Position - breech/transverse - SpB - bodywork - ECV
	High risk pregnancy	- gestational diabetes - gestational hypertension > pre-e - cholestasis - fetal growth restriction
	Warning signs in pregnancy	
	Rupture of membranes	- comparison discharge v. amniotic fluid - when water breaks - GBS - amniotic fluid index: oligo/poly
Doula support in pregnancy	Prenatal visits	- content list/template - birth plans - disclosed history of trauma

	Discussing pain theories prenatally	- PAIN acronym - fear/tension/pain cycle - gate control theory
	Informal communication between visits	
	Boundaries for contact	
	Using your prenatal visit guide and manual	
Labor begins	Contractions	- what they are/do - types - timing - pattern variations
	Identifying labor	- labor process overview (start) - prelabor > early > active labor
	Is it labor?	- increases - decreases
Closing the day		
Day 3		
Opening the circle		
Labor begins (continued)	Early labor	- sensory comfort measures - positions for rest and calm in early labor - rhythm, relaxation, ritual
	Potential struggles in early labor	- normalization - troubleshooting
	Active labor	- upright positions - squatting positions - ball positions - miles circuit
	Potential struggles in active labor	- pain v. suffering - troubleshooting
	Warning signs in labor	
	Deciding on when to join your client	- informational support tactics/questions - at home - in the hospital
Making the move to the hospital	Considerations	when the hospital has what you don't have at home
	Admission procedures	- monitoring - BP reads - labs - IV - cervical check - provider discussions "standard still requires consent"

	Role of the nurse		
	Feeling safe v. "keeping you safe"		
Pain management choices	Feelings doulas have around pain mgmt		
	Pain preference scale		
	Pain numbers		
	Making pain management choices	Preference > preparation > progress	
	"natural" pain management in the hospital	- hydrotherapy - positions - music - increased/decreased support	
	Sterile water papules	- process - pros/cons	
		how to support a client with sterile water papules	
	Nitrous	- process - pros/cons	
		how to support a client with nitrous	
	Narcotics	- process - pros/cons	
		how to support a client with nitrous	
Epidural	- variations - process, including IV - pros/cons		
	how to support a client with an epidural		
	troubleshooting a spotty epidural		
Labor continues	Labor process overview (finish)	Transition > pushing > placenta	
	Transition	how to support a client in transition	
		take charge routine	
		variations with epidural	
	Pushing	methods and theories of second stage	
		how to support a client in second stage	
pushing with and without an epidural			
directed v involuntary			
	baby's experience		
Closing the day			
Day 4			
Opening the circle			
Birth	Birth	when pushing takes a long time	
		crowning	

		moment of birth, for mom
		moment of birth, for baby
		tearing
		meconium
Right after birth	Placenta	average time
		exploration
		active v. expectant management of 3rd stage
		retained placenta warnings
	immediate pp, for mom	- repair - fundal massage - bleeding control measures - skin to skin
	immediate pp, for baby	APGAR
		golden hour
		newborn crawl
		breastfeeding variations and preferences
		troubleshooting first latch
	newborn procedures and medications	
Supporting the different variations of birth	Induction	- membrane sweeps - BPP, Bishop score - induction medications - balloon - AROM
		"natural" induction methods and considerations
	Cesarean birth	decision-making
		what to expect, from all involved
		how to support a client in the OR
	Precipitous birth	strategies when labor moves quickly
	Assisted delivery	- vacuum - forceps - episiotomy
		Multip birth variations
Twins	Similarities and differences	
Postpartum	Prenatal planning overview, strategies and resources	
	Your postpartum visits	
	PMADs screening	
	Newborn basics	
	Feeding support	

	Sleep and adjustment expectations	
Closing the day		
Day 5		
Tour of L&D		
Birth trauma	Excerpted from Stephanie Crawford's training	Loss How to support a client with birth trauma you have witnessed
	Secondary PTSD	
Closing the day		
Day 6		
Opening the circle		
Relationships with providers	Birth setting comparison	- places people give birth - unassisted homebirth limitations - unplanned setting changes - teaching hospitals
	Types of medical providers	OB, CNM, family medicine doc; RN, charge nurse
	Troubleshooting: conflict with providers	
	Other providers	- NP - NICU/SCN - anesthesiology - residents and fellows - students - social worker
Preparing families with resources	Recommending CBE	
	Making referrals	- other doulas - bodyworkers - medical providers/setting changes
	Ensuring evidence-based resources	
Starting your doula business	Branding: what's your vision	
	Business structures and operations	
	Models of practice	private, agency, partnerships
	Setting up LLC	expense tracking and taxes
	How do people find you?	- website - referrals - facebook groups
	Pricing	where to start, and how to increase
	Sustenance	measures for self-care
	Integration into the birth community	networking
Reproductive justice	Doula work is subversive!	

	Effects of marginalization	
	Advocacy	
MassHealth enrollment summary	Overview of doula initiative	
	Eligibility reqs for doulas	
	Enrollment process and timeline	
	Credentialing vs enrollment	
	Billing, documentation and compliance basics	
	Working with agencies vs independent enrollment	
	Maintaining enrollment and revalidation	
The mind of a doula	Guided reflection	How does your bias/experience show up in birth spaces?
	Mistakes we make	- centering our story/experience - decentering v discarding - seeing triumph or failure in choices/outcomes clients make or have
	Community	Mentoring, peer support, reviews amongst peers and clinicians, skill sharing, "shop talk"
Closing the circle	Ongoing education	
	Certification/recert	thru Mass DPH
	Accountability	
	Uplift	

Requirements for course completion certificate

Selection through application process

Full attendance at all sessions

Payment of course cost in full

Satisfactory completion of all assessments

Registration through Mass DPH for certification (details pending)

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