



Cornerstone

Labor, Birth, and Postpartum Birthworker (doula)
Certification Packet ®

Welcome to the Cornerstone community, and thank you for choosing our program. We are thrilled to be leading you through your labor, birth, and postpartum birthworker certification process. Please read this packet carefully, as it contains all of your requirements for labor, birth, and postpartum birthworker certification. You will have two years to complete all requirements after attending your first training with us. All paperwork and requirement tracking is the responsibility of the learner - your trainers will not be keeping records for you. Please submit this packet only when it is complete via email to: info@cornerstonedoulatrainings.com.

COURSES REQUIRED FOR CERTIFICATION:

1. Labor, Birth, and Postpartum Birthworker Training

Date completed _____

(Attach certificate of completion to your final submitted packet.)

Please let us know what title you would like on your certificate by placing a checkmark next to the title.

- Certified Labor, Birth, and Postpartum Doula
- Certified Labor, Birth, and Postpartum Birthworker

INFANT & CHILD CPR/FIRST AID CERTIFICATION

Date completed _____

Certification expiration _____

Please attach your card to this packet.

HOSPITAL TOUR: Attend a tour of the labor and delivery unit in your local community hospital and attach answers to this packet for final submission. If a tour is not possible,

please call the L&D unit and ask these questions (a good contact for this information might be the HUC or unit manager).

Hospital Tour Questionnaire:

- What are your birth team policies? Do you have a limit to age or number of visitors?
- Do you commonly work with doulas?
- Do you have midwives on staff? If so, how can an expecting client access their care?
- Are you a BFHI hospital? (Baby Friendly Hospital Initiative)
- What is a typical triage visit like?
- Do you welcome labor support into the triage room?
- What options for second stage positions do you support?
- What is your cesarean section rate?
- What is your medical induction rate? Do you offer cervidil as an alternate to misopros-
tel?
- What is your labor augmentation rate?
- What are your IV policies and protocols? Do you require a heparin lock if a client de-
clines an IV?
- Do you deliver VBAC? Vaginal breech? Vaginal multiples?
- What are your policies and protocols for eating and drinking in labor?
- How long is the hospital stay post birth for vaginal and cesarean births?
- Are your recovery rooms shared or private?

Date of tour/conversation: _____

Hospital name and address:

RESOURCE AND REFERRAL LIST: Please find a local referral for each, including one that offers sliding scale or low fee services and attach to this packet for final submission.

- Chiropractor
- Acupuncturist
- Prenatal yoga instructor
- Birth tub rental
- Pregnancy and birth resource center
- Naturopath
- Homeopath
- Pediatrician
- Herbalist
- Out of hospital birth center
- Homebirth midwifery practice
- OB/group that deliver VBAC
- OB/group that deliver vaginal breech and twins
- Nutritionist
- Infant CPR and first aid training
- La Leche league meeting location
- IBCLC
- Parents group facilitator and location
- Queer parents group facilitator and location
- PGM parents group facilitator and location
- Cranio-sacral practitioner
- Pelvic floor specialist
- Grief and loss support group facilitator and location
- Postpartum depression resource: one for each parent and one queer & trans specific, as well as one PGM parents specific

- Psychologist/therapist with postpartum and pregnancy specialty

ATTEND A CHILDBIRTH EDUCATION SERIES OF YOUR CHOICE. Any method is acceptable. An online course will meet this requirement. Write a short, 2-3 page review or overview of the course and attach to this packet for final submission.

Name of CBE course _____

Dates attended _____

Name of instructor _____

ATTEND THREE BIRTHS as either the primary or apprentice doula
Please attach evaluation forms for each birth to this packet.

ATTEND SIX HOURS postpartum support as either the primary or apprentice doula
Please attach evaluation forms for each birth to this packet.

ATTEND THREE DROP-IN GROUP MENTORSHIP SESSIONS

Dates attended _____

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