

Provider-Doula Partnership Readiness and Maturity Checklist

TMaH Learning Collaborative | Physician Groups and Federally Qualified Health Centers

Organization: _____ Completed by: _____ Date: _____

PURPOSE: Use this checklist to identify your organization's current level of doula partnership development, recognize readiness gaps, and select the next practical step. Complete the checklist as a team using the best available practice data and staff experience.

How to Use This Checklist

1. Work through the levels in order. Select "Yes," "No," or "Not Sure" for every indicator.
2. Your current level is generally the highest level at which your organization can answer "Yes" to most indicators, provided the foundational indicators in earlier levels are also largely in place.
3. A "No" or "Not Sure" response does not indicate failure. It identifies a development priority for technical assistance or action planning.
4. Use the "Next Development Step" under your current level to select one action before the October in-person session.

IMPORTANT: This is a developmental self-assessment, not a compliance audit or certification tool. Organizations may appropriately remain at different levels based on their patients, structure, and partnership models.

Level 1: No Formal Relationship

Primary focus: Build awareness and identify local resources.

Readiness indicator	Yes	No	Not Sure
Team members understand the complementary, nonmedical role of doulas and the clinical responsibilities of the care team.	☐	☐	☐
We routinely discuss doula support as an option for appropriate pregnant and postpartum patients.	☐	☐	☐
We understand the characteristics and support needs of our maternal population.	☐	☐	☐
We know where to find information about doulas serving our community.	☐	☐	☐

NEXT DEVELOPMENT STEP: Identify doulas serving your population and begin developing a current referral resource.

Level 2: Referral List

Primary focus: Create and validate a useful referral list.

Readiness Indicator	Yes	No	Not Sure
We maintain a current list or directory of doulas who serve our patient population.	☐	☐	☐
Our list includes practical information such as languages, communities served, geographic service area, availability, services, and Medicaid or managed care plan participation.	☐	☐	☐
Team members know how and when to provide doula referral information to patients.	☐	☐	☐
We periodically verify that referral information remains accurate and current.	☐	☐	☐

NEXT DEVELOPMENT STEP: Validate your referral list and initiate direct relationship-building with potential partners.

Level 3: Preferred Referral Network

Primary focus: Develop trusted relationships and intentional matching.

Readiness Indicator	Yes	No	Not Sure
We have identified doulas or doula organizations that may serve as preferred referral partners.	☐	☐	☐
We have communicated or met directly with preferred referral partners.	☐	☐	☐
We understand the services, experience, availability, and support approach of preferred referral partners.	☐	☐	☐
We match patients with referral options based on patient goals, preferences, language, culture, geography, access, and support needs.	☐	☐	☐
Patients are offered meaningful choice rather than being directed to only one referral option.	☐	☐	☐

NEXT DEVELOPMENT STEP: Agree on basic referral and communication expectations with preferred partners.

Level 4: Coordinated Partnership

Primary focus: Establish reliable workflows and bidirectional communication.

Readiness indicator	Yes	No	Not sure
We have a designated owner or point of contact for the doula referral workflow.	☐	☐	☐
We have a process for documenting patient preferences and consent for information sharing.	☐	☐	☐
We have agreed upon communication expectations with referral partners before, during, and after a referral.	☐	☐	☐
Preferred referral partners know how to contact the appropriate person or team within our practice.	☐	☐	☐
We have a process to confirm referral receipt, availability, and whether the patient is connected with a doula.	☐	☐	☐
We have a clear pathway for doulas and clinical team members to raise operational questions or concerns.	☐	☐	☐

NEXT DEVELOPMENT STEP: Strengthen closed-loop referral processes and establish routine feedback and issue-resolution pathways.

Level 5: Integrated Care Team

Primary focus: Support coordinated care, feedback, and continuous improvement.

Readiness Indicator	Yes	No	Not Sure
Doulas are included in appropriate care planning or care coordination activities when desired by the patient.	☐	☐	☐
Patients can provide feedback about the referral process and their experience with the partnership.	☐	☐	☐
Doulas can provide feedback, raise concerns, and participate in shared issue resolution.	☐	☐	☐
Our team routinely reviews patient, doula, and staff feedback to improve referral and partnership processes.	☐	☐	☐
Our workflows are responsive to differences in language, culture, geographic location, accessibility, and support needs.	☐	☐	☐
Our organization and doula partners periodically review partnership performance, identify gaps, and agree on improvements.	☐	☐	☐

NEXT DEVELOPMENT STEP: Use feedback and shared learning to continuously improve access, coordination, patient experience, and partnership functioning.



Determine Your Current Partnership Level

GUIDANCE: Select the highest level where most indicators are marked “Yes” and the foundational indicators in earlier levels are also largely present. If several earlier-level items are marked “No” or “Not Sure,” select the earlier level and treat the unanswered items as priorities. Avoid averaging all responses into one numeric score.

Level	Partnership Stage	Evidence to Consider	Our Status
1	No Formal Relationship	Awareness exists, but relationships and referral structures are not yet established.	☐ Current ☐ Next goal
2	Referral List	A current referral resource exists, but direct relationships and shared expectations are limited.	☐ Current ☐ Next goal
3	Preferred Referral Network	The practice intentionally refers to known partners and matches options to patient needs and preferences.	☐ Current ☐ Next goal
4	Coordinated Partnership	Defined workflows, consent, communication expectations, referral confirmation, and issue pathways are operating.	☐ Current ☐ Next goal
5	Integrated Care Team	Patient-directed coordination, bidirectional feedback, shared learning, and continuous improvement are routine.	☐ Current ☐ Next goal

Our current partnership level: Level _____

Evidence supporting our selection:

One priority to advance to the next level:

Responsible person/team: _____ Target date: _____

Clinical reference

American College of Obstetricians and Gynecologists. Partnering With Doulas in Clinical Settings. Committee Statement No. 31. August 2026. <https://www.acog.org/clinical/clinical-guidance/committee-statement/articles/2026/08/partnering-with-doulas-in-clinical-settings>