



Guiding Principles for the Doula

What's Inside

1. The Doula's Role During Interventions & Complications

- The Emotional Anchor: Strategies for maintaining a non-anxious presence during high-stakes shifts.
- Scope of Practice: Clear boundaries for providing support without giving medical advice.
- The "Pause" Protocol: Step-by-step guidance on how to facilitate a private moment for clients to process new information.

2. Postpartum Newborn Procedures Support Guide

- Standard Care: Brief explanations of the Vitamin K shot, Erythromycin ointment, and Hep B vaccine.
- Advocacy in the Golden Hour: Helping clients navigate skin-to-skin and delayed cord clamping during clinical assessments.
- Feeding Support: Immediate cues for the first latch and colostrum harvesting.

3. A Clear Glossary of Common Terms

- Medical to Human Translation: Breaking down clinical jargon (Pitocin, AROM, IUPC) into language clients can understand.
- Evidence-Based Definitions: Quick definitions to help you explain the why behind suggested procedures.

4. A Quick-Reference Chart for Interventions

- At-a-Glance Guide: A scannable table for your birth bag.
- Mapping Support: Each intervention is mapped to a specific Physical Comfort Measure, Advocacy Question, and Partner Tip.

5. Detailed Client Preference Sheet

- The "Deep Dive" Intake: A comprehensive worksheet to use during prenatal visits to understand the client's "Plan B" and "Plan C."
- Communication Style: Identifying how the client wants to be spoken to when things get intense.

6. Template: Local Resources & Referrals

- Customizable Directory: A professional fill-in-the-blank template to provide your clients with local experts.
- Key Categories: Space for IBCLCs, Pelvic Floor PTs, Postpartum Therapists, and Pediatricians.

Note to Doula: This toolkit is designed to be printed, laminated, and kept in your birth bag. Use these tools to transform a clinical experience into an empowered one.

The Doula's Role During Medical Interventions

To provide continuous, non-medical support, facilitate informed decision-making, and help clients navigate changes to their birth plan with confidence.

Guiding Principles for the Doula

When an intervention is suggested or becomes necessary, your role is guided by these foundational principles:

Provide Non-Judgmental Support: Your support is not dependent on the client's choices. The birth is their journey; your personal beliefs do not count here. Offer emotional support and validate their feelings, whether they are surprised, relieved, or upset by a change in plans.

Stay Within Your Scope: You do not perform clinical tasks, give medical advice, or interpret medical data (like fetal heart tones). Your expertise is in the labor process and non-medical support.

Facilitate Informed Decision-Making: Your role is to help the client get the information they need to make their own choices. You can create space for them to engage with their provider by asking prompting questions.

Act as a Communication Bridge: You help clients articulate their preferences and questions to the medical team and can assist in clarifying medical information for the family.

Practical Application: Supporting Through Common Interventions

Here is how to apply the principles during specific scenarios.

Before any Intervention (When a procedure is first suggested)

- Your Actions:
 1. Pause the Moment: Suggest the client asks for a moment to discuss privately if they wish.
 2. Use the B.R.A.I.N. Tool: Help them formulate questions (see Communication Tools below).
 3. Facilitate Dialogue: Encourage them to voice their questions to the provider. You might say, "What would you like to ask your doctor/nurse about that?"
 4. Emotional & Physical Support: Remain a calm presence. Use touch or reassuring words as appropriate.

During an Epidural or Medical Pain Relief

- Your Actions:
 1. Explain the Process: Briefly describe what will happen (e.g., needing to stay still, the sensation of pressure).
 2. Support the Partner: Guide them on how to help (e.g., holding the client's hands, maintaining eye contact).
 3. Position for Comfort: Help the client get into and maintain the required curled position.
 4. Emotional & Physical Support: Use verbal encouragement and guided breathing. After placement, help the client get comfortable and explore new comfort measures for the remainder of labor.

During Induction or Augmentation of Labor

Your Actions:

1. Explain the "Why": Reiterate the medical reason for the intervention as explained by the provider.
2. Maximize Comfort & Movement: Continue with positions, movement, and comfort techniques as much as possible, even with monitoring or IVs.
3. Manage the Timeline: Help reframe expectations, as induced labor can have a different rhythm.
5. Emotional & Physical Support: Provide extra encouragement, as this can be a mentally challenging shift. Offer distractions like conversation or music.

During a Cesarean Section (Planned or Unplanned)

Your Actions:

Prepare and Translate: Explain the general sequence of events (prep, operating room, recovery). Demystify the environment and roles of staff.

Advocate for Preferences: Remind the client they can still ask about options (e.g., clear drape, music, immediate skin-to-skin if possible).

Support the Partner: Prepare them for what to expect and how they can support in the OR.

Emotional & Physical Support: Your continuous presence is critical. Maintain eye contact and verbal reassurance. In recovery, help with initial breastfeeding/latching if desired.

During Instrumental Delivery (Forceps/Vacuum)

Your Actions:

1. Brief Explanation: Calmly explain the basic need for the tool to help guide the baby out.
2. Support Effective Pushing: Coach the client on how to push with the provider's guidance.
3. Focus on the Goal: Remind them that this is a tool to meet their goal of birthing their baby.
4. Emotional & Physical Support: Use firm, directed encouragement. Help them into the position required (often on their back). Celebrate the birth vigorously once the baby is out.

Professional Communication Tools for Your Toolkit

The B.R.A.I.N. Acronym

Teach this to clients prenatally and use it as a silent prompt during labor:

- Benefits: "What are the benefits for me and the baby?"
- Risks: "What are the potential risks?"
- Alternatives: "What are our other options?"
- Intuition: "What is my gut feeling telling me?"
- Nothing: "What happens if we do nothing or wait?"

Key Phrases for Advocacy & Facilitation

- To the client: "Would you like some time to discuss this privately as a family before deciding?"
- To the client/partner: "What questions do you have for the doctor/midwife?"
- To the provider (if appropriate and with client's permission): "They were hoping to understand a bit more about the alternatives before proceeding."

Remember Your Impact: Evidence consistently shows that continuous doula support is linked to lower rates of interventions like cesareans and epidurals, greater satisfaction, and reduced maternal anxiety. Your steady presence makes a measurable difference.

Doula's Role in Postpartum Newborn Procedures

To help parents understand common procedures, facilitate informed decision-making, and support the establishment of early bonding and feeding.

Guiding Principles for the Doula

Inform, Don't Advise: Explain what a procedure is and why it is typically offered, based on evidence, without telling parents what to choose. Your role is to ensure they have the information to give truly informed consent or informed refusal.

Protect the Golden Hour: Advocate for uninterrupted skin-to-skin and initial feeding, helping to delay non-urgent procedures until after this critical bonding period, if the parents desire.

Support the Partner: Guide partners on how to be involved, whether through holding the baby during a procedure, providing skin-to-skin, or offering emotional support to the birthing person.

Focus on Comfort: Use comfort measures for both baby and parents during and after procedures.

Practical Application: Supporting During Common Procedures

The "Golden Hour" & Immediate Bonding

Your Role: Actively help create the environment. Dim lights, reduce noise, and place a "Do Not Disturb" sign if hospital policy allows. Encourage parents to focus only on each other and their baby. Gently remind staff of the parents' wish to delay routine procedures unless medically urgent.

Physical Support: Assist with the first latch if breastfeeding is desired, helping with positioning while the birthing person is often still reclined or recovering.

Newborn Vitamin K Injection & Erythromycin Eye Ointment

Explain the "What & Why":

Vitamin K: Prevents a rare but serious bleeding disorder. It's an injection, usually in the thigh.

Eye Ointment: Antibiotic to prevent eye infection from bacteria encountered during birth. Support During the Procedure:

Suggest and facilitate comforting holds: Encourage parents to hold and nurse the baby during the shot. Skin-to-skin and breastfeeding are powerful pain relievers.

Parent-focused support: If the baby is being held by a nurse, turn your attention to the parents. Your calm presence and a hand on their shoulder can be grounding. Validate that it's hard to see their baby experience discomfort.

Newborn Bathing & Cord Care

- **Explain the Evidence:** Share that current guidelines recommend delaying the first bath for at least 12-24 hours to protect the vernix (which moisturizes and has antibacterial properties) and stabilize baby's temperature and blood sugar.
- **Facilitate Choice:** Discuss options: full bath at the hospital, sponge bath, or waiting until home. If parents choose to bathe, guide them on how to do it safely and calmly.
- **Your Hands-On Role:** You may demonstrate a gentle sponge bath for parents. Use this as a teaching moment about normal newborn skin (peeling, vernix, Mongolian spots).

Newborn Screening Tests (Heel Prick & Hearing Screen)

- **Prepare Parents:** Explain that the heel prick screens for many genetic disorders and is often done after 24 hours of feeding. The hearing screen is a simple, non-invasive test.
- **Maximize Comfort:** For the heel prick, ensure the baby is warm and suggest breastfeeding or sucrose solution if available. Coach parents on holding and comforting the baby through the brief procedure.
- **Emotional Support:** Acknowledge the stress of waiting for results. Help parents understand how and when they will receive them.

Doula's Role in Navigating Complications

To provide steady, informed support, help clients process complex information, and maintain a sense of agency and comfort during a medically complex situation.

Guiding Principles for the Doula

- **Calm in the Storm:** Your calm demeanor is a non-verbal cue that helps stabilize the room's emotional temperature. Breathe deeply and speak slowly and clearly.
- **Medical Translator & Note-Taker:** Help decode medical jargon into plain language. Take brief notes on diagnoses, plans, and medication names for the family to refer back to.
- **Guardian of Autonomy:** Even in an urgent situation, look for ways to preserve client choice (e.g., "Is there time for them to ask a few questions?" or "Can the procedure be explained before you begin?").
- **Support the Plan, Whatever It Is:** Your support becomes even more critical if the birth plan changes radically (e.g., induction or cesarean). Focus on helping the client integrate this new reality.

Practical Application: Supporting Through Preeclampsia

Prenatal Warning Signs & Diagnosis

- **Your Role in Education:** During prenatal meetings, explain preeclampsia as a blood pressure disorder of pregnancy, discussing common symptoms (severe headache, visual changes, upper abdominal pain). This empowers clients to self-advocate.
- **Upon Diagnosis:** If diagnosed, help the client understand the primary goal: getting them stable and delivering the baby safely. Validate feelings of disappointment or fear while gently steering focus to the new medical reality.

During Hospital Monitoring or Induction for Preeclampsia

- **Your Actions:**
 - **Explain Equipment:** Briefly explain the purpose of frequent blood pressure cuffs, IV lines, and continuous fetal monitoring.
 - **Advocate for Comfort Within Limits:** Help the client move and change positions within the constraints of monitoring cords and IV poles. A birth ball in bed or side-lying positions are still possible.
 - **Facilitate Rest: Enforce a "quiet zone."** Manage visitors, dim lights, and use calm conversation to promote relaxation, which can help lower blood pressure.
- **Emotional & Physical Support:** Provide constant reassurance. Use cool cloths for the head, massage hands and feet (if permitted), and guide through calm breathing techniques.

During a Cesarean Section for Preeclampsia

- **Your Actions:**
 - Reinforce the "Why": Continuously, gently link the procedure back to the goal of safety for parent and baby.
 - Detailed Prep Talk: Walk them through what will happen in the OR with extra detail, as anxiety can be higher. Explain who will be in the room and what they will feel.
 - Postpartum Vigilance: Remind the client and partners that blood pressure monitoring continues intensely after birth. You can help track symptoms and encourage them to report any concerning feelings to staff immediately.

Practical Application: Supporting Through Preeclampsia

Key Phrases for Complicated Situations

- To the medical team: "Can you help us understand how urgent this is? Is there time for them to process this information?"
- To the client: "This is different from what we planned, and it's okay to feel upset. My job is to stay right here with you through this new path."
- To the partner: "You can hold her hand and keep your eyes on her. I will watch everything else and keep you both informed."

Quick Reference: Doula Support Checklist for Complications

Phase	Doula's Focus	Key Actions
Diagnosis	Information Processing	Take notes, translate jargon, validate emotions.
Monitoring	Comfort & Calm	Create a restful environment, explain equipment, support movement.
Decision Point	Facilitating Agency	Use B.R.A.I.N. questions, ensure client feels heard.
Procedure/Change	Continuous Presence	Explain steps, support partner, maintain physical connection (touch, eye contact).
Postpartum	Vigilance & Bonding	Monitor for symptoms, protect bonding time, debrief the experience.

Quick-Reference

This chart provides an at-a-glance overview of common procedures, their purposes, and actionable, non-medical support points for the doula.

Intervention & "What It Is"	Typical Purpose / Goal	Key Doula Support Points
Foley Bulb (Mechanical Dilator) A catheter with a balloon is inserted past the cervix and inflated to apply pressure.	To mechanically ripen (soften) and dilate (open) the cervix to about 3-4 cm, often as a first step in induction.	<ul style="list-style-type: none">• Before: Explain it's a mechanical (not drug) method. Prepare for strong cramping.• During: Use comfort measures like breath focus and relaxation. Provide a grounding touch.• After: Suggest movement (walking, pelvic rocks) to encourage pressure. Manage expectations—it may take hours.
Amniotomy (AROM - "Breaking the Water") A provider uses a small tool to intentionally rupture the amniotic sac.	To induce or augment (speed up) labor by releasing prostaglandins and allowing the baby's head to apply direct pressure to the cervix.	<ul style="list-style-type: none">• Before: Help client use B.R.A.I.N. (Benefits, Risks, Alternatives, Intuition, Nothing) to decide. Once done, it can't be undone.• After: Note that contractions may intensify quickly. Encourage upright positions to keep labor progressing. Monitor for clear fluid; report any green/brown (meconium) to staff.
Pitocin (Synthetic Oxytocin) Drip Synthetic hormone administered via IV pump to stimulate contractions.	To induce labor (start it) or augment labor (strengthen/r egulate existing contractions).	<ul style="list-style-type: none">• Physical Support: Contractions may be more intense and closer together. Double down on comfort measures: position changes, counter-pressure, hydrotherapy, breathing.• Emotional Support: Offer continuous encouragement; this can be a challenging mental phase.• Practical Support: Help client move with IV pole. Remind them of their progress and strength.

<p>EpiduralRegional anesthesia administered via catheter into the lower back to block pain sensations.</p>	<p>To provide significant pain relief during labor and birth.</p>	<ul style="list-style-type: none">• Before/During Placement: Help client curl into optimal position (rounded back) and hold still. Guide their breathing. Support partner in helping.• After Placement: Help client find comfortable positions that aid fetal descent (side-lying, supported sitting). Monitor for shaking or nausea; use cool cloths. Continue emotional support and advocacy.
<p>Assisted Vaginal Delivery (Forceps/Vacuum)Tools used to help guide the baby out during the pushing stage.</p>	<p>To assist birth when the baby is low but needs help descending, or when pushing needs to be shortened for maternal/baby safety.</p>	<ul style="list-style-type: none">• Before: Calmly explain the need (e.g., "Baby needs a little help coming around the last bend").• During: Provide fierce, directed encouragement for effective pushing. Help client hold an effective position (often on back, pulling on legs).• After: Celebrate the birth! Be aware baby may have temporary marks/swelling. Facilitate immediate skin-to-skin.
<p>Cesarean Section (C-Section)Surgical delivery of the baby through incisions in the abdomen and uterus.</p>	<p>To deliver the baby safely when a vaginal birth is not the safest option (e.g., fetal distress, failure to progress, placental issues).</p>	<ul style="list-style-type: none">• Prep/OR: Explain the process step-by-step. Advocate for preferences (lowered drape, music, explaining sensations). Support partner.• During: Provide calm, verbal narrative and reassurance from the head of the bed. Maintain eye contact.• Recovery: Facilitate skin-to-skin/breastfeeding as soon as possible. Help with initial latch. Monitor and validate the client's physical and emotional state.

Fundal Pressure (Kristeller Maneuver)External pressure applied to the top of the uterus during pushing.	To augment maternal pushing efforts in an attempt to shorten the second stage.	<ul style="list-style-type: none">• Note: This practice is controversial. Your role is primarily informational and emotional.• Support: Inform client they can refuse consent. If performed, guide their breathing to push with the pressure, not against it. Provide strong verbal encouragement and focus on their face/breath for grounding. Afterwards, check in on their physical comfort.
---	--	--

How to Use This Chart in Practice

This chart is designed for quick reference. For deeper understanding, cross-reference it with the Glossary of Terms and the detailed Doula's Role During Interventions section in your binder.

- In Prenatal Meetings: Use it to educate clients about common procedures and discuss their preferences.
- During Labor: Glance at the "Key Doula Support Points" column for actionable reminders on how to shift your physical and emotional support for each scenario.
- For Advocacy: The "Purpose" column helps you and the client remember the why behind a suggestion, which is central to informed decision-making.

Crisis & Emergency Support (National & Local)

It is crucial to provide clients with immediate, accessible help in a crisis.

Service	Contact Information	Notes
National Maternal Mental Health Hotline	1-833-9-HELP4MOMS (1-833-943-5746)	24/7, free, confidential support in English & Spanish.
National Suicide & Crisis Lifeline	Dial or Text 988	24/7 crisis support.
Postpartum Support International (PSI) HelpLine	1-800-944-4773	Text option: 800-944-4773 (EN), 971-203-7773 (ES).
Local Crisis / Warm Line	[e.g., County Mental Health Crisis Line]	*Add local 24/7 number here.*
Domestic Violence Hotline	1-800-799-SAFE (7233) or Text "START" to 88788	24/7 support.
Urgent Lactation Help	[Add local IBCLC or clinic with urgent visits]	
24-Hour Pediatric Nurse Line	[Often provided by local hospital or insurance]	

Glossary of Common Birth Terms

This glossary provides clear, simple explanations for common medical terms and procedures. Use it to confidently explain interventions to clients, enhancing their understanding and informed decision-making.

A

- **Amniotomy (Artificial Rupture of Membranes - "Breaking the Water"):** A procedure where a care provider uses a small plastic hook to make a break in the amniotic sac. Purpose: To induce or speed up labor by releasing prostaglandins and allowing the baby's head to apply more direct pressure to the cervix. Key Point: Usually painless for the birthing person, similar to an internal exam.

A

- **Apgar Score:** A quick assessment of a newborn's health at 1 and 5 minutes after birth. It scores 0-10 based on Appearance (color), Pulse (heart rate), Grimace (reflexes), Activity (muscle tone), and Respiration (breathing). Purpose: To identify babies who need immediate medical help. Key Point: A score of 7-10 is generally reassuring. It is not a predictor of long-term health.

C

- **Cesarean Section (C-Section):** A surgical procedure to deliver a baby through an incision in the abdomen and uterus. Purpose: Used when a vaginal birth is not safe for the parent or baby (e.g., fetal distress, failure to progress, certain breech positions). Key Point: Can be planned (scheduled) or unplanned/emergency. The birthing person is awake, typically with an epidural or spinal block.

E

- **Epidural:** A regional anesthesia where medication is administered through a thin catheter into the space outside the spinal cord in the lower back. Purpose: To significantly numb pain in the lower body during labor and birth. Key Point: Allows the person to remain awake. It may affect blood pressure, mobility, and the urge to push. "Walking epidurals" use lower doses to maintain some sensation and movement.

Glossary of Common Birth Terms

This glossary provides clear, simple explanations for common medical terms and procedures. Use it to confidently explain interventions to clients, enhancing their understanding and informed decision-making.

F

Foley Bulb (Foley Catheter or Mechanical Dilator): A mechanical method for cervical ripening. A small balloon-tipped catheter is inserted through the cervix and inflated with sterile water. Purpose: The balloon applies gentle, constant pressure to the cervix, encouraging it to dilate (open) to about 3-4 cm. Key Point: It works mechanically, not with drugs. It often falls out on its own once the cervix has dilated sufficiently. It may cause cramping and is typically used in early induction.

F

Forceps: Smooth, curved metal instruments that resemble large salad spoons, designed to cradle the baby's head. Purpose: An assisted vaginal delivery tool used to help guide the baby out when pushing is not effective or the baby shows signs of distress. Key Point: Requires the baby's head to be low in the pelvis. May leave temporary marks or swelling on the baby's head.

I

Induction of Labor: The process of starting labor artificially before it begins on its own. Purpose: Used when the health of the pregnant person or baby is at risk if pregnancy continues. Methods include medication (Pitocin, Cervidil), mechanical methods (Foley Bulb), or amniotomy.

M

Meconium: A newborn's first stool, which is thick, sticky, and greenish-black. If passed in utero before birth, it can mix with the amniotic fluid. Purpose: Not a procedure, but a sign. The presence of meconium may require extra suctioning of the baby's mouth and nose upon delivery and closer monitoring.

Glossary of Common Birth Terms

This glossary provides clear, simple explanations for common medical terms and procedures. Use it to confidently explain interventions to clients, enhancing their understanding and informed decision-making.

N

- NICU (Neonatal Intensive Care Unit): A specialized hospital unit for the care of ill or premature newborns.

O

- Oxytocin: A natural hormone produced by the body that causes uterine contractions and promotes bonding and milk ejection. See also Pitocin.

P

- Perineum: The area of skin and muscle between the vaginal opening and the anus. This area stretches during birth and may tear or be intentionally cut (see Episiotomy).

P

- Pitocin: The synthetic form of the hormone oxytocin, administered via an IV drip. Purpose: To induce labor (start contractions) or augment labor (make existing contractions stronger or more frequent). Key Point: Contractions on Pitocin can be more intense and regular than natural ones, often requiring closer monitoring of the baby.

S

- Spinal Block: A single injection of anesthetic into the spinal fluid, providing immediate and complete numbness from the waist down for a shorter period than an epidural. Purpose: Primarily used for cesarean sections, not for labor management.

V

- Vacuum Extractor (Ventouse): A soft, flexible or rigid plastic cup attached to a pump that creates suction on the baby's head. Purpose: An assisted vaginal delivery tool used to help guide the baby out during pushing. Key Point: May cause a temporary swelling on the baby's head called a "chignon."

How to Use This Glossary with Clients

1. Simple Language First: Start with the simple analogy (e.g., "Pitocin is like a synthetic version of the hormone your body makes to create contractions").
2. State the Purpose Clearly: Always link the term to its goal ("This is done to help...").
3. Connect to Their Experience: For interventions, briefly mention what they might feel or notice (e.g., "With a Foley Bulb, you might feel increased cramping as it works").
4. Encourage Questions: After explaining, use an open-ended question like, "What else would you like to know about that?"

Local Resources & Referrals: My Doula Support Network

Keep this list in your birth binder or on your fridge for quick access during the postpartum period.

Medical & Primary Care

- Pediatrician: _____ | Phone: _____
- OB/GYN or Midwife: _____ | Phone: _____
- Family Doctor: _____ | Phone: _____

Feeding & Lactation Support

- Lactation Consultant (IBCLC): _____ | Phone: _____
- Local La Leche League / Support Group: _____
- Milk Bank / Supplement Resources: _____

Recovery & Physical Wellness

- Pelvic Floor Physical Therapist: _____ | Phone: _____
- Postpartum Massage/Chiro: _____ | Phone: _____
- Mental Health/Postpartum Therapy: _____ | Phone: _____

Practical Home Support

- Meal Delivery / Prep Services: _____
- Postpartum Doula (Night Support): _____ | Phone: _____
- House Cleaning / Laundry Service: _____

Emergency & 24/7 Hotlines

- Postpartum Support International (PSI): 1-800-944-4773
- National Maternal Mental Health Hotline: 1-833-TLC-MAMA (1-833-852-6262)
- Local Hospital Triage: _____ | Phone: _____

Doula Notes: _____

Community Care Circle

Local Resources & Professional Referrals

Prepared for: _____ Date: _____ Your Doula: _____
Phone: _____

Medical & Pediatric Care

Ensure your primary team is reachable for medical questions or urgent concerns.

Pediatrician: _____ | Phone: _____

OB/GYN or Midwife: _____ | Phone: _____

Family Doctor: _____ | Phone: _____

Feeding & Nourishment

Expert support for breastfeeding, chestfeeding, or bottle-feeding.

Lactation Consultant (IBCLC): _____ | Phone: _____

Local Support Group (e.g., La Leche): _____ | Meets: _____

Milk Bank or Supplementing Info: _____ | Notes: _____

Postpartum Body & Mind

Specialists dedicated to your physical recovery and mental well-being.

Pelvic Floor Therapist: _____ | Phone: _____

Perinatal Mental Health Counselor: _____ | Phone: _____

Postpartum Chiro / Massage: _____ | Phone: _____

Home & Practical Support

Help for the "Fourth Trimester" so you can focus on bonding.

Postpartum Doula / Night Support: _____ | Phone: _____

Meal Prep or Delivery Service: _____ | Notes: _____

House Cleaning / Laundry Service: _____ | Phone: _____

SOS Emergency & 24/7 Support

Keep these numbers saved in your phone for immediate assistance.

National Maternal Mental Health Hotline: 1-833-TLC-MAMA (Call/Text)

Postpartum Support International (PSI): 1-800-944-4773

Local Hospital Triage / Labor & Delivery: _____

24-Hour Nurse Line (Insurance): _____

This binder is designed to grow with you. As you work with more families and discover new resources, you can easily add notes, refine the client sheet, and expand your local list.

Wishing you all the best as you support families with knowledge, confidence, and compassion.



Happy supporting!
