



MARY'S HANDS
NETWORK

Volunteer Doula Field Guide

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You Belong Here

We are so glad you are here. Whether this is your first time volunteering with Mary’s Hands Network or you have been part of our community for a while, your presence matters. The families we serve, the outcomes we achieve, and the mission we are building together depend on dedicated individuals like you showing up with compassion and commitment.

This Field Guide is your practical companion. It walks you through everything you need to know to serve MHN clients with excellence: who we are, what we stand for, what is expected of you, and how to navigate every stage of the client journey. Read it carefully. Keep it close. Return to it often.

If you ever have questions that this guide does not answer, your volunteer coordinator is always your first point of contact. We are a team, and you are never expected to figure things out alone.

With gratitude for your service,

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How to Use This Guide

This guide is organized into four parts. You are reading Part 1, which covers who MHN is, why we exist, and what doula care means. The remaining parts address your role as a volunteer, the full client lifecycle, and forms and documentation.

Pro Tip: Keep both a digital copy (bookmarked on your phone) and a printed copy in your doula bag. The sections on client visits, labor support, and documentation are especially useful to have on hand in real-time situations.

Part	Contents
Part 1	About MHN: Mission, Vision, Why Doulas, Scope of Practice
Part 2	Your Role: Expectations, Dress Code, Communication, Commitment, Certification
Part 3	The Client Lifecycle: Every Visit from Intake to Archive
Part 4	Forms and Documentation: The Doula Portal, Monday.com, and What to Submit

About Mary’s Hands Network

Our Background

Mary’s Hands Network (MHN) is a Louisiana 501(c)(3) nonprofit and the state’s largest volunteer-based doula organization. Founded in 2023 by Madeline LeBlanc in Baton Rouge, MHN recruits, trains, and matches community doulas with families across five regions of Southeast Louisiana, providing professional labor support at no cost to clients.

Our work is grounded in a clear conviction: that every family in Louisiana deserves access to a trained, caring doula regardless of income, background, or zip code. We close that gap through a volunteer model that combines rigorous training, supervised client matching, and evidence-based care.

Mission, Vision and Purpose

MISSION

To empower families, promote birth excellence, and bridge the health equity gap in our community through trained volunteer doulas and wraparound support.

VISION

A world where every woman has the benefits of a doula and a dedicated community of support during the perinatal period, where birth excellence and equitable healthcare are within reach for all.

PURPOSE

We exist to close the health equity gap for minority women and under-resourced families in Louisiana through education, continuous labor support, and wrap-around community services. Every client we serve receives care that is free of charge, patient-centered, and grounded in best practice, regardless of their background, culture, religion, socioeconomic level, or identity.

Our Strategic Action

MHN closes the health equity gap through three interconnected strategies:

1. **Training and Supporting Volunteer Doulas.** We invest in growing a community of well-trained, well-supported volunteer doulas who bring consistent, compassionate care to families throughout the perinatal journey. As of 2026, MHN has trained 254 doulas across 15 cohorts, with 155 active volunteers currently serving Southeast Louisiana.
2. **Providing Wrap-Around Services.** We address the social determinants of health, including food access, housing stability, transportation, and emotional support, by connecting clients to community resources throughout the care relationship.
3. **Collecting Data to Drive Change.** Our birth outcome data is collected through an IRB-approved retrospective study conducted in formal partnership with Baton Rouge General Medical Center.^[1] We track outcomes carefully so our program can improve and the case for doula care across Louisiana can be made with real evidence.

The Name Behind the Mission

The word *doula* comes from the ancient Greek *doule* (δούλη), meaning “a woman who serves.” It is one of the oldest words in our vocabulary for the act of one woman supporting another, and its roots run deeper than most people realize.

To the best of our knowledge, the earliest recorded use of this word in written history appears in the biblical account of the Visitation, found in the Gospel of Luke.^[2] In that passage, a teenage Mary travels to a foreign country to be with her older cousin Elizabeth, who is pregnant and without adequate support. Mary does not wait to be invited. She goes. She stays for three months. She serves with her hands: cooking, caring, comforting, and being fully present. In the original Greek text of this account, the language used to describe Mary draws from this same root, *doule*, a woman who serves.

“That is the first doula in written history, and she is our inspiration. Not the theory of doula care. Her hands. The hands of a teenager in a foreign country, with no roadmap, supporting an older woman through one of the most vulnerable seasons of her life. She showed up, she stayed, and she served with her hands the way we do. We doula like the original doula.”

MADELINE LEBLANC, FOUNDER, MARY’S HANDS NETWORK

The name of *Mary’s Hands* is our tribute to that story. When you show up for a client, press your hands into her lower back at 3 in the morning, or sit quietly beside her when words are not enough, you are extending those same hands into the world.

MHN by the Numbers (2026)

The following data reflects MHN’s program outcomes as of early 2026. Birth outcome statistics are drawn from an IRB-approved retrospective study conducted in partnership with Baton Rouge General Medical Center.^[1]

450+ Families Served Since 2018	254 Doulas Trained (15 Cohorts)	155 Active Volunteers in Southeast Louisiana	156 Births Supported with Full Doula Care
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BIRTH OUTCOMES: STATISTICALLY SIGNIFICANT RESULTS (P < 0.05) | 156 BIRTHS, JUNE 2023 THROUGH DECEMBER 2025

Outcome Measure	MHN Rate	Louisiana Average	Impact
Cesarean Section Rate	17.5%	36.1%	51.5% reduction
Preterm Birth Rate	6.8%	13.4%	49.3% reduction
Breastfeeding Initiation within 2 Hours	89.1%	~74%	20% increase
Low Birth Weight Rate	3.3%	11.3%	70.8% reduction

Why Doula Care Matters

Understanding the evidence behind doula care is not just academic. It is the foundation of your confidence. When you know that what you are doing genuinely changes outcomes, it changes how you show up. This section gives you the “why” behind the work.

The State of Maternal Health in Louisiana

Louisiana consistently ranks among the worst states in the country for maternal health outcomes. The March of Dimes has assigned Louisiana an F grade for maternal health, and the state’s maternal mortality rate stands at 58.1 per 100,000 live births, more than twice the national average.^[3] Black women bear the greatest burden: they face a mortality risk three to four times higher than their white counterparts, a disparity driven by systemic barriers to care, implicit bias in clinical settings, and limited access to culturally responsive support.^[3,4]

This is the gap MHN was built to address. And it is the gap your presence helps close.

What the Research Shows

Decades of research have demonstrated that continuous, individualized support from a trained doula produces measurable improvements in birth outcomes. A landmark Cochrane systematic review, widely regarded as the gold standard in evidence-based medicine, found that women who received continuous labor support were more likely to have a spontaneous vaginal birth, less likely to use pain medications, and reported higher satisfaction with their birth experiences.^[5]

MHN’s own IRB-approved outcomes data, collected across 156 births in partnership with Baton Rouge General Medical Center, reflects and in some measures exceeds these findings. According to the International Childbirth Education Association (ICEA), whose scope of practice guides MHN doulas, continuous doula support is associated with:^[6]

- Fewer requests for pain medication and epidurals
- Lower rates of cesarean birth
- Shorter labor duration
- Higher rates of breastfeeding initiation and continuation
- Reduced rates of postpartum depression
- Greater overall birth satisfaction and sense of empowerment
- Stronger early bonding between mothers and newborns

Importantly, there are no known adverse effects associated with doula care. The ICEA strongly advocates for universal access to birth doulas for all women seeking continuous labor support.^[6]

What This Means for You: Your presence matters. Even on the days when you feel like you are “just sitting there” or “not doing enough,” research confirms that having a calm, consistent, caring person in the room with a laboring mother makes a real and measurable difference in her experience and her outcomes.

Why Continuity Matters

One of the most important things you offer a client is continuity. MHN clients are matched with the same two-doula team from early pregnancy through the postpartum period. This consistency, knowing who you are, trusting your face, feeling safe in your presence, is not a small thing. For clients who may have limited social support, unstable living situations, or past difficult birth experiences, that continuity is often the most powerful thing we provide.

This is why your commitment to communication, follow-through, and showing up matters so much. It is not just about the birth. It is about the entire relationship you build across the months you spend together.

What Doulas Do and Do Not Do

Understanding your scope of practice is not just a formality. It is how you protect yourself, your client, and MHN. Staying within your role allows you to be maximally effective. Going outside of it puts everyone at risk. This section makes the boundaries clear and practical.

Mary's Hands Network doulas follow the scope of practice established by the International Childbirth Education Association (ICEA).^[6] Your primary role is to provide **emotional, physical, and informational support** during the perinatal period. You are not a medical provider, and you are never expected to act like one.

What Doulas Do

- Provide continuous emotional support and encouragement during pregnancy, labor, birth, and postpartum
- Offer physical comfort measures during labor, including positioning, counter pressure, massage, and breathing guidance
- Help clients understand their options and ask informed questions of their care team
- Facilitate communication between the client and clinical staff, without speaking for the client or overriding clinical decisions
- Connect clients to community resources that address their social and practical needs
- Provide education on topics such as birth preferences, infant feeding, and newborn care
- Offer non-judgmental presence, active listening, and consistent follow-through

What Doulas Do Not Do

These boundaries are non-negotiable. If you are ever unsure whether something falls within your scope, contact your volunteer coordinator before proceeding.

WITHIN YOUR SCOPE

- Offer comfort and emotional support
- Explain options and help the client ask questions
- Suggest positions or comfort techniques
- Provide evidence-based information about common interventions
- Advocate for the client's stated preferences
- Help the client process her birth experience
- Connect her to resources and referrals

OUTSIDE YOUR SCOPE

- Perform any clinical or medical task
- Give medical advice or diagnosis
- Make decisions on the client's behalf
- Contradict or override healthcare providers
- Speak to staff on the client's behalf without her direction
- Recommend or discourage specific medical interventions
- Provide mental health counseling or crisis intervention

How to Stay in Your Lane, Gracefully

Staying within your scope does not mean staying silent. It means redirecting effectively. Here are phrases that help:

When a client asks you a medical question:

“That’s such an important question. Let’s make sure your nurse or doctor answers it directly. Would you like help figuring out how to ask them?”

When a client asks what you think she should do:

“It’s not my place to tell you what to choose, but I can help you think through your options. What matters most to you right now?”

When you are unsure if something is within your scope:

“Let me check in with our coordinator before I answer that. I want to make sure I’m giving you the right support.” Then text Breea or Kerionne right away.

Remember: Empowering your client to speak for herself is always more powerful than speaking for her. Your job is to help her find her voice, not to be her voice.

References and Further Reading

The following sources support the information presented in Part 1. MHN encourages all volunteer doulas to explore these resources independently. The more grounded you are in the evidence, the more confident and effective you will be in the field.

Citations

- [1] Mary's Hands Network. (2026). Organizational Overview: Board of Directors Briefing, March 2026. Outcomes data collected through an IRB-approved retrospective study conducted in formal partnership with Baton Rouge General Medical Center, Baton Rouge, LA. Available through MHN administration at info@mhndoula.com.
- [2] The Holy Bible. Luke 1:38–56. The Visitation of Mary to Elizabeth. The Greek text of the New Testament (Nestle-Aland, 28th ed.) uses *doûle* (δοῦλη) in verse 38 when Mary identifies herself as a servant. The account describes Mary traveling to a foreign region, remaining with Elizabeth for approximately three months, and providing sustained personal support during Elizabeth's pregnancy. This is among the earliest known written depictions of one woman serving another in a doula capacity.
- [3] March of Dimes. (2024). 2024 March of Dimes Report Card: Louisiana. Retrieved from www.marchofdimes.org/reportcard. Louisiana received an F grade for maternal health outcomes. Maternal mortality rate cited at 58.1 per 100,000 live births. Black mothers in Louisiana face a mortality risk three to four times that of white mothers.
- [4] Louisiana Department of Health, Office of Public Health. (2024). Louisiana Maternal Mortality Review Report. Baton Rouge, LA. Provides detailed analysis of racial disparities in maternal mortality and contributing social and systemic factors.
- [5] Hodnett, E. D., Gates, S., Hofmeyr, G. J., and Sakala, C. (2013). Continuous support for women during childbirth. Cochrane Database of Systematic Reviews, Issue 7, Art. No. CD003766. DOI: 10.1002/14651858.CD003766.pub5. A systematic review of 22 trials involving more than 15,000 women.
- [6] International Childbirth Education Association (ICEA). (2023). ICEA Position Paper: The Role of the Doula. Minneapolis, MN: ICEA. Available at www.icea.org. Establishes the non-clinical scope of practice followed by all MHN doulas and advocates for universal access to birth doula support.

Further Reading and Resources

These resources are free to access and highly recommended for all MHN volunteers:

Resource	What You Will Find	Where to Access
Evidence-Based Birth	Plain-language summaries of current research on birth interventions, labor support, and maternity care practices	evidencebasedbirth.com
ICEA Resource Library	Scope of practice documents, doula certification information, and professional development tools	icea.org
Spinning Babies	Techniques for optimal fetal positioning, comfort measures, and hands-on labor support strategies	spinningbabies.com
MHN Website	Our mission, current outcomes, program information, and public-facing resources	maryshandsnetwork.org

The Client Journey at a Glance

This section covers the full arc of the MHN client relationship, from the moment a client is matched with your team through the final postpartum visit and archive. Every stage matters. Every touchpoint is an opportunity to make a real difference in someone's life.

Use this overview as a quick reference. Each stage is covered in full detail in the sections that follow.

Stage	What Happens	Form to Submit
Client Application	Client applies online, completes questionnaire, signs forms, uploads insurance card, and self-schedules onboarding	Completed by client
Onboarding Visit	Staff doula reviews program expectations, confirms documents, and assigns Ready for Team status	Submitted by MHN staff
Team Match	Volunteer coordinator assigns two doulas; both confirm availability and willingness	No form required
Virtual Pre-Birth Visit	Team introductions, scope review, communication setup, schedule in-person visits	Virtual Pre-Birth Visit Form
First In-Person Pre-Birth Visit	Pre-Birth Questionnaire, birth vision discussion, resource planning	In-Person Pre-Birth Visit Form
Second In-Person Pre-Birth Visit	Comfort measures practice, on-call schedule, backup plan, labor call to action	In-Person Pre-Birth Visit Form
Between Visits	Regular check-ins every two weeks minimum	No form required
Labor and Birth	On-call support, labor presence, birth record submitted before discharge	Birth Record Form
72-Hour Virtual Check-In	Birth story, postpartum assessment, EPDS, schedule first in-person postpartum visit	Virtual Post-Birth Visit Form
First In-Person Postpartum Visit	Within 5 to 15 days: wellness check, practical support, referrals	In-Person Post-Birth Visit Form
Second In-Person Postpartum Visit	Within 8 weeks postpartum: recovery review, emotional health, closure and referrals	In-Person Post-Birth Visit Form
Archive the Client	Final documentation, notify volunteer coordinator with CIN, due date, and delivery date	No additional form

How Clients Come to MHN

Before you ever meet your client, she has already completed a full application and onboarding process with MHN. Understanding what she has been through helps you meet her exactly where she is.

The Client Application Process

The client journey begins when a pregnant woman completes the application at maryshandsnetwork.org. MHN staff review the application to confirm that we have the capacity to serve her based on her location and due date. If she is eligible, she receives access to her client forms through Kiip, where she completes the following on her own before her onboarding visit:

- **A comprehensive application questionnaire** covering her social connections, food and housing security, transportation, employment and income, and general health
- Her program expectations for the client-doula relationship
- **All required program forms and agreements**, including the Service Agreement, insurance authorization, and HIPAA forms, signed electronically
- Upload of her insurance card
- **Self-scheduling of her onboarding visit** with a staff doula through the Kiip platform

This streamlined process means that by the time she meets with a staff doula, her paperwork is already complete and she has had time to read and consider what she is agreeing to. The onboarding visit is focused entirely on relationship and readiness, not paperwork.

The Onboarding Visit

At the onboarding visit, a staff doula meets with the client to:

- Review program expectations and services in detail
- Confirm that all documents have been signed and her insurance card has been uploaded
- Answer any questions she has about the program, her doula team, or what to expect
- Review her questionnaire responses and begin identifying any priority needs

Once the onboarding visit is complete and all requirements are confirmed, the client is assigned a status of Ready for Team. When she is matched with a doula team, her status becomes Active Client. From that point, the doula team takes the lead on the relationship.

What This Means for You: By the time you are matched with a client, she has already done significant work. She has filled out a detailed questionnaire, read and signed her agreements, and met with a staff doula. She is not starting from zero. She knows what MHN is, she understands the scope of doula care, and she has said yes to this support. Your job is to make her feel like that was absolutely the right call.

What the Client Service Agreement Covers

Clients sign a Service Agreement with MHN as part of their application. You do not need a copy of this agreement, but it helps to know what your client has been told she can expect:

- A team of two volunteer doulas who will support her from pregnancy through postpartum
- Up to two in-person pre-birth visits and up to two in-person postpartum visits
- An on-call doula team during her birth month (three weeks before and one week after her due date)
- A doula who will respond as soon as possible to a labor call and who will make every effort to arrive at the birth location within two hours of contact when circumstances allow
- Support during labor and birth, immediately after delivery, and within 72 hours postpartum
- Postpartum support through up to eight weeks after birth
- Clear understanding that doulas do not provide medical care, make clinical decisions, or speak on her behalf without her direction

The MHN Doula Hotline: Every client should be given the MHN Doula Hotline number during your first visit together. If she cannot reach her doula team, the hotline connects her directly to MHN staff who can alert the team, activate backup coverage, or provide immediate guidance. Share this number proactively. Do not wait for her to ask for it.

Hotline contact: Available through your volunteer coordinator. Confirm the current number before your first visit.

How Teams Are Formed

When a client is Ready for Team, the volunteer coordinator reviews volunteer availability and assigns a team of two doulas based on:

- The client's due date and birth month
- Geographic proximity to the client
- The client's specific needs or preferences identified during the application and onboarding
- Volunteer availability and current caseload

Both doulas must confirm their availability and willingness to serve before the match is finalized. Once confirmed, the volunteer coordinator sends an introduction connecting the doulas with each other and with the client.

When You Receive a Match Notification

1 Confirm with your volunteer coordinator

Reply to the match notification promptly to confirm you are accepting the match. If something has changed in your availability since you last updated your status, say so immediately.

2 Connect with your teammate

Reach out to your fellow doula right away. Set up a group chat, introduce yourselves, and start getting aligned on scheduling and availability for this client.

3 Contact the client within a week

Send your first message to the client within a week of receiving the match. See the Communication Standards in Part 2 for the sample first message. If she does not respond within a few days, follow up once, then notify your volunteer coordinator.

4 Review the client's application information

Your volunteer coordinator will share relevant details from the client's application. Review her questionnaire responses before the first virtual visit so you can show up prepared and informed.

What If a Client Is Unresponsive After Matching?

Try your initial text. Wait two to three days and follow up with a call if she provided a phone number. If there is still no response after one week, notify your volunteer coordinator. Do not continue trying indefinitely without looping in staff. Life happens and there are many reasons a client may go quiet, but MHN staff need to know so they can follow up through other channels.

The Doula Portal and Documentation

All MHN forms are submitted online through the Doula Portal on the MHN website, which links directly to Monday.com. This is how MHN tracks client progress, triggers postpartum follow-up, and monitors program outcomes. Accurate and timely documentation is not optional. It is a core part of your role.

How to Access the Portal

Log in to the Doula Portal through the volunteer section of maryshandsnetwork.org. The portal link takes you directly to Monday.com, where all forms are housed. If you have trouble accessing the portal, contact your volunteer coordinator.

Forms You Will Submit

Form Name	When to Submit	Who Submits
Virtual Pre-Birth Visit Form	After the initial virtual visit with the client	Either teammate, confirm with each other first
In-Person Pre-Birth Visit Form	After each in-person pre-birth visit	Either teammate, confirm with each other first
Birth Record Form	Before the client is discharged from the hospital	The doula present at the birth
Virtual Post-Birth Visit Form	After the 72-hour virtual check-in	Either teammate, confirm with each other first
In-Person Post-Birth Visit Form	After each in-person postpartum visit	Either teammate, confirm with each other first

The Client Identification Number (CIN)

The CIN is the unique identifier used to tag every client in the MHN system. It must appear on every form you submit. Names are never used in system records.

HOW THE CIN IS FORMATTED

Structure: First initial + Last initial + Due month and year (MMYY) + Hyphen + Last 4 digits of the client's application phone number

Example: A client named Madeline LeBlanc with a due date in April 2026 and a phone number ending in 0535 would have the CIN: **ML0426-0535**

Format breakdown: M (first initial) + L (last initial) + 04 (April) + 26 (2026) + hyphen + 0535 (last 4 digits of phone)

Always verify the CIN before submitting any form. An incorrect CIN prevents the system from updating the client's record and can delay her postpartum support. If you are unsure of any part of the CIN, check with your volunteer coordinator before submitting. Do not guess.

Every form requires:

- Client Identification Number (CIN) in the correct format
- Date and time of the visit
- Which doulas were present
- A summary of what was covered, resources shared, and any concerns or notes for the admin team

If You Need Staff to Review Something Urgently: The form summary is a record, not a direct message. If something needs staff attention right away, such as a safety concern, a client disclosing a crisis, or a question that requires an answer before the next visit, follow up the form with a direct text or email to your volunteer coordinator. The form alone is not fast enough for urgent matters.

Virtual Pre-Birth Visit

Virtual Pre-Birth Visit

Timing: Within one week of match confirmation **Format:** Video call or phone call, 15 to 30 minutes

Submit Form: *Virtual Pre-Birth Visit Form*

This is the first time your client meets her doula team. First impressions matter. Come prepared, be warm, and make her feel like she made a great decision saying yes to MHN. Before you wrap up, share the MHN Doula Hotline number so she always has a way to reach support.

Goals of This Visit

- Introduce both teammates to the client
- Explain the scope of doula care clearly and set realistic expectations
- Establish communication preferences (text, call, GroupMe, WhatsApp, etc.)
- Set communication boundaries so she knows when and how to reach you
- Share the MHN Doula Hotline number and explain when and how to use it
- Schedule the first and second in-person pre-birth visits
- Begin the conversation about the on-call schedule for her birth month

How to Run This Visit

Keep it conversational and warm. You do not need to read from a script, but here is a flow that works well:

1. Start with introductions. Share your names, a little about yourselves, and why you became doulas. Keep it brief but genuine.
2. Explain what MHN doulas do and do not do. Use plain language. The goal is clarity, not a lecture.
3. Ask about her pregnancy so far. How is she feeling? Any questions or concerns?
4. Talk through communication preferences. How does she prefer to stay in touch? How often does she want to hear from you between visits?
5. Share the MHN Doula Hotline number. Let her know this is her backup if she ever cannot reach her doula team.
6. Schedule the first and second in-person visits before you hang up. Get dates and locations confirmed.
7. Close warmly. Let her know she can text you anytime and that you are excited to be part of her journey.

Sample Scope Explanation:

"We are here to support you through your pregnancy, birth, and after baby arrives. We will meet with you before birth to get to know you and understand your preferences, be with you during labor to offer comfort and encouragement, and check in and visit after birth to make sure you are doing well. We do not provide medical care, that is what your doctor or midwife is for, but we are here to make sure you feel supported and never alone."

When Things Go Wrong: Virtual Visit

The client is very hard to pin down for scheduling.

Offer multiple options across different days and times. Ask if there is a time of day that generally works better for her. If scheduling continues to be a barrier, let your volunteer coordinator know so she can help facilitate.

A partner or family member dominates the call.

Gently redirect your attention to the client: "That's so helpful to hear. And [client's name], what do you think about that?" If the situation feels controlling or concerning, note it in your form and flag it to your volunteer coordinator.

The client seems withdrawn, nervous, or disengaged.

Do not push. Ask light, open-ended questions and give her space to warm up at her own pace. Some clients need more time to trust. Close the visit by letting her know she can reach out any time and that there is no wrong thing to say or ask.

First In-Person Pre-Birth Visit

First In-Person Pre-Birth Visit

Timing: Ideally between 28 and 32 weeks of pregnancy (coffee shop, library, MHN office), 30 to 60 minutes

Format: In person at a public location

Submit Form: *In-Person Pre-Birth Visit Form*

This is your first face-to-face meeting. You are building trust, gathering important information about her pregnancy and needs, and beginning to understand what kind of support she is looking for. Listen more than you talk.

Before the Visit

Logistics

- Confirm the date, time, and location with your client the day before
- At least one doula must attend. Both is ideal whenever possible
- Choose a public location: MHN office (451 E Airport Ave), library, or coffee shop
- If she has young children, consider a park or somewhere with space for kids to move

What to Bring

- Pre-Birth Questionnaire (Appendix B)
- Sample birth plan or birth preferences worksheet
- Pen and notepad
- Your Field Guide
- MHN Doula Hotline number to share if not yet given
- Optional: a small welcome gift (stress ball, tea, etc.)

Visit Flow

Time	Activity	Your Role
0 to 10 minutes	Settle in, order drinks, build rapport	Make her comfortable. Ask about her day. No agenda yet.
10 to 15 minutes	Set expectations for the meeting	Briefly explain what you will cover and invite her questions
15 to 50 minutes	Pre-Birth Questionnaire	Listen. Let her talk. Follow up on what she shares.
50 to 60 minutes	Birth vision discussion	Ask what matters most to her. Introduce the idea of documenting her preferences.
60 to 70 minutes	Questions and open floor	Give space for anything not yet covered
70 to 80 minutes	Next steps and scheduling	Confirm the second visit date, time, and location before leaving

The Pre-Birth Questionnaire

The full questionnaire is in Appendix B and has 39 questions. You do not need to cover every one in this visit. Prioritize:

Safety and Support Network: Who lives with her? Who will be at the birth? Are there people or situations that concern her?

Pregnancy and Health History: How many pregnancies and births has she had? Any complications? Current health concerns?

Birth Preferences: What does she hope for? What is she afraid of? What has she heard about birth that worries her?

Basic Needs: Is her housing stable? Does she have reliable transportation to appointments? Any food security concerns?

Listen for What Is Not Being Said: Sometimes the most important information comes out sideways: a quick change of subject, a joke that masks something heavy, or a vague answer to a direct question. Create enough space and safety that she can share more if she wants to. You do not have to pull it out of her, but notice it and follow up gently.

When Things Go Wrong: First Visit

She discloses something concerning, such as an unsafe home situation, domestic violence, or a mental health crisis.

Stay calm. Thank her for trusting you. Do not overreact or make promises you cannot keep. Document what she shared accurately in your visit form and contact your volunteer coordinator immediately after the visit. This is not a reason to stop supporting her. It is a reason she needs more support.

She does not have a birth plan and seems overwhelmed by the idea.

Normalize it. Tell her that most people do not have one going into their first visit and that you will work on it together. Show her a sample, explain that it is just a way to think through her preferences, and offer to bring one to the second visit for her to look at when she is ready.

You cannot complete the full questionnaire in the time available.

That is fine. Note where you stopped and pick it up at the second visit. Prioritize safety and support questions above everything else if time is short.

Second In-Person Pre-Birth Visit

Second In-Person Pre-Birth Visit

Timing: Ideally between 32 and 38 weeks of pregnancy **Format:** In person, often at the client's home, 30 to 90 minutes

Submit Form: *In-Person Pre-Birth Visit Form*

The second visit is where the relationship deepens and the practical work begins. You are getting her body familiar with your touch, her mind prepared for labor, and her team ready for when things get real.

Goals of This Visit

- Practice comfort measures together so she knows what to expect from you physically
- Discuss her birth preferences and walk through what-if scenarios for common interventions
- Build and confirm the on-call schedule for her birth month
- Establish the labor call-to-action plan: who she calls, when, and what happens next
- Remind her of the MHN Doula Hotline as a backup if she cannot reach either teammate
- Address any outstanding questions from the first visit

Comfort Measures Practice

This is one of the most important things you will do at this visit. When a client has already experienced your touch in a safe, low-stakes setting, she is far more likely to welcome it during labor. Consent and communication are everything.

- Always ask before touching: "May I show you what counter pressure feels like?"
- Practice the techniques most likely to be useful for her (back labor, prolonged labor, anxiety, etc.)
- Walk her through positioning: side-lying with pillows, hands and knees, leaning forward on a chair
- If a birth ball is available, demonstrate how to use it
- Let her try the techniques on you if she is interested. It builds her confidence and your connection

Build the Relationship Through Touch: Physical comfort measures are not just about technique. They are about her feeling safe with you. Take your time, read her body language, and ask for feedback throughout. The goal is not a perfect demonstration. It is her feeling like she can trust you with her body in one of the most vulnerable moments of her life.

Birth Preferences and What-If Scenarios

Use this visit to go deeper on her birth preferences and prepare her for common decision points. Walk through the BRAIN tool (Benefits, Risks, Alternatives, Intuition, Nothing/Need more time) as a framework she can use when interventions are offered.

Common scenarios to discuss:

- Induction or augmentation with Pitocin
- Artificial rupture of membranes (water being broken)
- Continuous versus intermittent fetal monitoring
- Epidural or other pain management options
- Cesarean birth, whether planned or unplanned
- Changes in provider or hospital policy at admission

For each scenario, ask: "If your doctor offered you X, what would feel right to you?" Help her think it through now so she is not starting from zero during labor.

Building the On-Call Schedule

Before you leave this visit, your team and your client should have a clear on-call plan in place. Cover the following:

1. Identify each doula's unavailable dates during the birth month (three weeks before and one week after the due date)
2. Divide the remaining coverage into 12-hour shifts as evenly as possible between the two teammates
3. Share the completed schedule with the client so she always knows who is on call for her
4. Confirm exactly how she will contact the on-call doula when labor begins
5. Share the MHN Doula Hotline number again and confirm she has it saved. Explain that if she cannot reach either teammate, she should call the hotline and staff will alert the team and coordinate backup

Labor Call-to-Action:

“When you think labor has started, or your water breaks, or you are heading to the hospital, reach out to [Doula Name] first since she is on call that day. Her number is [number]. If you can’t reach her within 30 minutes, text [Teammate Name] at [number]. If you still can’t reach us, call the MHN Doula Hotline at [number] and they will get us moving. We will do everything we can to be with you within two hours of your call.”

When Things Go Wrong: Second Visit

She has changed her mind about almost everything since the first visit.

That is completely normal, especially as the due date gets closer. Update your notes, update the form, and meet her where she is now. Preferences are allowed to evolve.

One teammate cannot make it and the client is anxious about only meeting one doula.

The attending doula should introduce the absent teammate by name, share a little about her, and let the client know she will reach out directly after the visit. Consider a brief three-way call or video introduction if the client seems concerned.

She is in a difficult living situation and the home visit does not feel safe or private.

Pivot to a public location without making it awkward: "Actually, there's a great coffee shop nearby if you'd prefer to get out of the house?" Trust your instincts. If anything feels unsafe, leave and contact your volunteer coordinator.

Between Visits

The time between your second pre-birth visit and the start of labor can feel long and uncertain for a client. Regular, proactive communication during this period is one of the most protective things you can do for her mental and emotional wellbeing. Do not wait for her to reach out. Reach out first.

The Check-In Standard

Every client must receive contact from her doula team at a minimum of every two weeks. This can be a text, a call, a voice note, or whatever format she prefers. The content matters less than the consistency.

Good check-in messages:

- Ask open-ended questions: "How are you feeling this week?" or "How is the baby moving?"
- Follow up on something she mentioned last time: "Did you ever connect with that lactation consultant?"
- Share something relevant and brief: "I was reading about this breathing technique and thought of you."
- Keep it low pressure: "No need to respond right away, just thinking of you."

What to Do When a Client Goes Quiet

If a client has stopped responding to messages, consider before you assume the worst:

- Phone situations change. She may have lost access to her device or changed her number.
- Life circumstances may have shifted significantly including housing, relationships, or mental health.
- She may be pulling back because something feels overwhelming and she does not know how to say so.

If a client has not responded to two consecutive check-ins:

1. Follow up one more time with a different format (call instead of text, or vice versa)
2. If still no response, contact your volunteer coordinator right away. Do not let this sit.
3. MHN staff have additional ways to attempt contact and can escalate if there is a safety concern.

Do Not Assume She Has Dropped Out. A client going silent is often a sign that something difficult is happening in her life, not that she no longer wants support. The moment she feels abandoned by her doula team is exactly the moment she may need support the most. Always loop in your volunteer coordinator before making any assumptions.

When Labor Begins

This is the moment everything has been building toward. How your team responds in the first hour of contact sets the tone for the entire birth experience. Stay calm, communicate clearly, and get moving.

The Client's Responsibility

Your client is responsible for contacting her doula team when:

- She believes she is in active labor
- She is heading to her birth location
- She is admitted to the hospital or birth center
- There are significant changes to her labor or birth plan
- She cannot reach her doula team and needs to use the MHN Doula Hotline

Your Responsibility When She Calls

- Respond as soon as possible to any labor-related call or message
- Make every effort to arrive at the birth location within two hours of contact when circumstances allow
- Stay in communication from the moment she reaches out until the situation is resolved
- If you are the on-call doula, make arrangements immediately to meet her at the birth location
- If your teammate is on call, stay accessible and check in with them
- Keep your phone on loud at all times during your on-call window. This is not optional.

Being On Call Means Being Ready: During your on-call window, keep your doula bag packed, your car fueled, and your support system informed that you may need to leave quickly. Let the people in your life know when you are on call and where you are headed. This protects both you and your client.

Arriving at the Hospital

When you arrive at the birth location:

- Wear your MHN purple scrub jacket and name badge
- Introduce yourself to the nursing staff. Be professional and collaborative, not adversarial
- Follow all hospital policies. Your client's trust in you depends on the trust the staff have in you
- Find your client, assess how she is doing, and begin offering support immediately

Backup and the Bat Signal

Even with the best planning, there will be births where neither teammate is immediately available. Here is the protocol:

1. The on-call doula responds as soon as possible and makes every effort to get to the birth location within two hours
2. If the on-call doula cannot make it, the second teammate is contacted immediately
3. If neither teammate can attend, the volunteer coordinator is contacted right away to activate the MHN network
4. MHN will do everything possible to find a backup doula through the Doula Bat Signal system
5. The client should also be reminded to use the MHN Doula Hotline if she cannot reach either teammate

If Your Team Misses the Birth: Your responsibility does not end. Visit the client in the hospital as soon as possible. Bring warmth, not apologies. Your job now is to make sure she feels seen and cared for, help protect her space in the postpartum unit, and support her in processing her birth experience. Missing the birth is not the end of the relationship.

Labor and Birth Support

You are here. She is in labor. Your training has prepared you for this. This section covers what your role looks like in the room, how to sustain your presence across a long labor, and what needs to happen before she is discharged.

Your Role in the Room

Your job during labor is to be fully present and continuously supportive. In practice, that means:

- Offer physical comfort measures: counter pressure, massage, position changes, breathing guidance
- Provide emotional encouragement: calm reassurance, affirmation, and steady presence
- Help her use the BRAIN tool when interventions are offered
- Facilitate communication between her and her care team, always letting her speak for herself
- Manage the environment when possible: dim lights, manage visitors, reduce unnecessary noise
- Keep track of what is happening so she does not have to: timing contractions, noting what was offered and what she chose

When Nothing Seems to Help: There will be moments when she is in pain, exhausted, and none of your techniques are touching it. In those moments, your presence alone is the support. Sit beside her. Hold her hand if she wants. Say: "I'm right here. You're doing it." Sometimes that is the most powerful thing in the room.

The 12-Hour Rule in Practice

No doula should exceed 12 continuous hours of birth support in a 24-hour period. If labor is running long:

- Communicate with your teammate early. Do not wait until hour eleven to ask for relief
- Brief your teammate before stepping out: where things stand, what has been tried, how she is coping, and anything that matters about the last few hours
- If a 12-hour limit creates a gap in coverage, contact your volunteer coordinator

When Things Go Wrong: During Labor

The client or her partner becomes verbally abusive toward you.

You do not have to absorb abuse. Step out of the room calmly and contact your volunteer coordinator immediately. You can say: "I need to step out for a moment. I'll be right back." Do not escalate. Do not leave the building without notifying staff.

She asks you to make a medical decision for her.

Gently redirect: "That is absolutely your call to make, and I'm here to help you think it through. What does your gut say? Would it help to ask the nurse a few questions first?" Never make the decision for her, even if she is exhausted or distressed.

There is a medical emergency and the room fills with staff.

Step back immediately and get out of the clinical team's way. This is not the moment for BRAIN or comfort measures. Stay emotionally present for the client from wherever you can safely stand. After the emergency, your presence becomes critical.

The birth is a cesarean and you are not permitted in the operating room.

Support her fully in the pre-op period. Stay nearby during the procedure and be the first non-clinical face she sees when she comes out. Prioritize being with her in recovery.

Completing the Birth Record

The Birth Record must be submitted through the Doula Portal before the client is discharged from the hospital. This is non-negotiable. The birth record triggers MHN's post-birth support system and alerts the admin team that the client has delivered.

- The doula present at the birth submits the record
- If no doula attended the birth, one teammate must follow up with the client during her hospital stay to gather the necessary information
- Submit using the client's CIN even if all other details are not yet fully confirmed. The record can be corrected later, but it must be submitted promptly
- If the record is not submitted, MHN will not know the client has delivered and her postpartum support will be delayed

Immediate Post-Birth Support

Your support does not end when the baby arrives. Plan for at least one team member to remain with her shortly after delivery and through the immediate postpartum period. This time is for:

- Witnessing and affirming her birth experience
- Providing skin-to-skin and breastfeeding support if she wants it
- Protecting her space from unnecessary interruptions
- Helping her begin to process what just happened

For Certification: To qualify a birth experience toward ICEA certification, you must provide at least six total hours of birth doula support between the client's hospital admission and her discharge. These hours do not have to be consecutive. Time during labor, at delivery, and during the postpartum hospital stay all count toward the six hours.

Postpartum Support

The postpartum period is one of the most vulnerable times in a new mother's life. Families often struggle to ask for help, and the exhaustion and isolation of new parenthood can make everything harder. MHN provides support through up to eight weeks postpartum. This is your moment to show up proactively and consistently.

72-Hour Virtual Check-In

Timing: Within 72 hours (3 days) of the birth **Format:** Video call or phone call, 10 to 30 minutes

Submit Form: *Virtual Post-Birth Visit Form*

GOALS OF THE 72-HOUR CHECK-IN

- Give her space to share her birth story: what went well, what was hard, and how she feels about it
- Complete the MHN postpartum assessment and the Edinburgh Postnatal Depression Scale (EPDS)
- Check in on feeding, sleep, physical recovery, and emotional health
- Connect her to community resources if needed: WIC, SNAP, DCFS, mental health, lactation support
- Schedule the first in-person postpartum visit based on her current needs

On the Birth Story: Let her lead. Some clients want to talk through every detail. Others need to move on. Do not push. Do not reframe or minimize difficult experiences. If her birth did not go the way she hoped, your job is to witness that with her, not to fix it or point out the silver lining. "That sounds really hard. I'm glad you're here." is often exactly enough.

First In-Person Postpartum Visit

Timing: Within 5 to 15 days postpartum **Format:** In person at the client's home or preferred location, 30 minutes to 2 hours

Submit Form: *In-Person Post-Birth Visit Form*

GOALS OF THE FIRST IN-PERSON POSTPARTUM VISIT

- Conduct a full wellness check: physical recovery, feeding, emotional health, sleep, and support system
- Offer practical, hands-on help: encourage her to shower, eat, or rest while you hold the baby or handle a household task such as dishes, laundry, or sweeping
- Deliver any postpartum supplies, gifts, or donated items
- Connect her to additional referrals based on what she needs right now
- Complete or repeat the EPDS if not already done at the 72-hour check-in

What If She Seems to Be in Crisis?

If a client is expressing thoughts of harming herself or her baby, is completely unable to function, or appears to be experiencing a mental health emergency, do not leave her alone. Contact your volunteer coordinator immediately and, if necessary, help connect the client to emergency services. You are not equipped to manage a mental health crisis alone. Your job is to stay calm, stay present, and get the right people involved.

Second In-Person Postpartum Visit

Timing: Within 8 weeks postpartum **Format:** In person or virtual based on client preference, 30 minutes to 2 hours

Submit Form: *In-Person Post-Birth Visit Form*

GOALS OF THE SECOND IN-PERSON POSTPARTUM VISIT

- Review physical recovery progress and address any outstanding health concerns
- Reflect on her birth story and postpartum experience with more emotional distance now
- Screen again for postpartum depression or anxiety
- Check on infant feeding, newborn health, and family adjustment
- Provide closure: acknowledge the journey you have shared and affirm her as a mother
- Connect her to long-term resources and community supports she may need going forward

Not every client will request or need this second visit. You should proactively offer it. Let her know it is available and that scheduling it is not a burden.

Offering the Second Postpartum Visit:

“We have one more visit available to you through eight weeks postpartum, and we would love to use it. It can be in person or virtual, whatever works best for you. There is no agenda. It is just a chance for us to check in, see how things are going with you and the baby, and make sure you have everything you need. Would you like to set that up?”

Archiving the Client

Once all visits are complete, the final step is closing out the client's record properly. This ensures she transitions smoothly into MHN's extended community support systems and that your team's work is fully documented.

Steps to Archive a Client

1 Confirm all forms are submitted

Review your team's submissions and confirm that every required form has been submitted through the Doula Portal with the correct CIN: virtual pre-birth, both in-person pre-birth visits, birth record, virtual post-birth, and both in-person postpartum visits.

2 Notify the volunteer coordinator

Contact your volunteer coordinator to let her know the client has completed her full course of care. Include:

- The client's CIN
- Her original due date
- Her actual delivery date

3 Confirm no outstanding needs

Before closing out, make sure there are no unresolved referrals, follow-up items, or concerns that need to be flagged for MHN staff. If anything is pending, note it in your communication to your volunteer coordinator.

Take a Moment to Reflect: Closing out a client is a significant moment. You have walked with this person through one of the most important experiences of her life. Before moving on to your next match, take some time with your teammate to debrief: what went well, what was hard, what you learned, and what you would do differently. That reflection makes you a better doula for every client who comes next.

Client Lifecycle: Complete Checklist

PRENATAL

- Match confirmed with volunteer coordinator
- Teammate connected and group chat set up
- Client contacted within a week of match
- MHN Doula Hotline number shared with client
- Virtual pre-birth visit completed and form submitted
- First in-person pre-birth visit completed and form submitted
- Second in-person pre-birth visit completed and form submitted
- On-call schedule built and shared with client
- Labor call-to-action confirmed with client
- Regular check-ins maintained every two weeks minimum

LABOR AND BIRTH

- Responded to labor call as soon as possible and arrived within two hours of contact
- Attended birth or arranged coverage through MHN
- Birth record submitted before client discharged
- At least one doula provided immediate post-birth support

POSTPARTUM

- 72-hour virtual check-in completed and form submitted
- EPDS completed during or after 72-hour check-in
- First in-person postpartum visit completed within 5 to 15 days and form submitted
- Second in-person postpartum visit offered and completed within 8 weeks if requested, form submitted

ARCHIVE

- All forms confirmed submitted with correct CIN
- Volunteer coordinator notified with CIN, due date, and delivery date
- No outstanding referrals or concerns left unaddressed
- Team debrief completed

Forms, Documentation, and Appendices

This section contains your quick-reference tools for field use. The portal login instructions and CIN format are covered in Part 3. What you will find here are the forms, questionnaires, checklists, and contacts you will return to again and again throughout your time as an MHN volunteer.

Print this section, keep it in your doula bag, and bookmark the digital version on your phone.

Appendix	Contents
Appendix A	Doula Bag Checklist
Appendix B	Pre-Birth Questionnaire
Appendix C	Postpartum Questionnaire
Appendix D	Sample Virtual Pre-Birth Visit Agenda
Appendix E	Sample On-Call Calendar
Appendix F	Key Contacts and Resources

Doula Bag Checklist

Pack this before every on-call window. Restock after every birth.

This list grows with you. These are the essentials. As you gain experience, you will discover what works best for you and your clients. Add to this list freely, but never leave for a birth without the basics.

FOR YOU

- Phone fully charged
- Phone charger and backup battery
- Laptop and charger (for long labors)
- Water bottle
- Nutritious snacks (granola bars, nuts, fruit). Avoid heavy meals before a long shift.
- Two changes of clothes including fresh undergarments
- Deodorant and toothbrush
- Any prescription medications you take regularly
- Feminine hygiene products if needed
- Hair ties
- Book or entertainment for quiet stretches when the client is resting
- MHN purple scrub jacket
- MHN name badge
- This Field Guide

FOR YOUR CLIENT

- Honey sticks (labor energy)
- Chapstick
- Flexible bendy straws
- Hand fan
- Washcloths (2 to 3)
- Cold pack
- Heating pad or hot pack
- Extra pillow (hospital pillows are thin)
- Massage oil or unscented lotion
- Massage tools (tennis balls, massage roller)
- Essential oils and carrier material (oil, lotion, or cloth). Never apply directly to skin.
- Rebozo or large scarf
- Comb (for hand acupressure during contractions)
- Hair ties and headbands
- Peanut ball (deflated for transport)
- Birth ball (deflated if space allows)

Essential Oil Safety: Never apply essential oils directly to your client's skin, add them to her water or tub, or diffuse them in a closed space without explicit consent. Always use a carrier material. When in doubt, skip the oils entirely. A laboring client's sensitivity to scent can be intense and unpredictable.

OPTIONAL ITEMS THAT EXPERIENCED DOULAS RECOMMEND

- TENS unit
- LED candles for ambiance
- Bluetooth speaker and curated playlist
- Eye mask for client rest between contractions
- Lavender linen spray for pillowcase
- Small notepad and pen for tracking contractions or medications
- Snacks for the client's support partner
- Hospital parking information and cash

Pre-Birth Questionnaire

Use these questions to guide your conversation at the first in-person pre-birth visit. You do not need to ask every question. Prioritize based on time and what the client shares organically.

Visit Details

CIN: _____ Date of Visit: _____

Location: _____

Douglas Present: _____

ABOUT YOU

1. **Is** there anything you'd like me to know about your background, identity, or current life situation that would help me support you better?
2. **Are** there any cultural values, customs, or religious beliefs you'd like honored during your pregnancy, birth, or postpartum care?
3. **How** have you been feeling emotionally during this pregnancy?
4. **Have** you ever experienced anxiety, depression, or other mental health challenges before, during, or after a pregnancy?
 - If yes: *Would you like referrals to additional support?*

SAFETY AND SUPPORT NETWORK

5. **Tell** me about your support system.
 - *Who feels supportive and helpful to you right now?*
 - *Are there any people, relationships, or situations that make you feel unsafe, stressed, or unsupported?*
6. **Do** you feel safe in your current home environment?
7. **Is** there anyone we should be cautious about sharing updates or information with?
8. **Who** do you trust to support you during pregnancy, birth, and postpartum?
9. **Who** would you like to be present at your birth or involved in your care?

PREGNANCY HISTORY AND HEALTH

10. **How** many other children do you have? What are their ages?
11. **Tell** me about your past pregnancies, births, and postpartum experiences.
12. **Do** you have any chronic illnesses, past injuries, or current health concerns that could affect this pregnancy or birth?
13. **Do** you have any pregnancy-related questions or topics you'd like to learn more about?

PREPARING FOR BIRTH

14. **Do** you have a birth plan or vision for this pregnancy?
 - *If not: We can work on one together before your next visit.*
15. **What** are your biggest hopes for your birth experience?
16. **Is** there anything you are worried or fearful about when it comes to labor and birth?
17. **What** are some ways to make yourself comfortable when you are in pain or under stress?

18. Is there anything specific you'd like to experience during labor?

- *Examples: laboring in water, moving around freely, using a birth ball*

19. Is there anything you'd like to avoid during labor?

- *Examples: loud noises, frequent vaginal exams, many people in the room*

20. How do you like to make decisions?

- *Lots of information and options*
- *Step-by-step guidance*
- *A mix of both*

EXPECTATIONS OF YOUR DOULA

21. How do you envision your doula supporting you through labor, birth, and postpartum?

22. Have you worked with a doula before?

23. Are there specific things you'd like your doula to do or not do while supporting you?

24. What is your preferred way for us to stay in touch during pregnancy?

- *Text, calls, Kiiip messages, or other*

POSTPARTUM SUPPORT PLANNING

25. Who do you expect will help you after birth?

- *Will someone be staying with you or nearby during those first few weeks?*
- *Partner, parent, friend, neighbor, children's caregivers, etc.*

26. What tasks will they help with?

- *Cooking, cleaning, childcare, errands, emotional support, etc.*

27. Do you feel you'll have enough emotional support when things feel overwhelming or hard?

28. Are there specific things you already know you'll need extra help with?

- *Examples: meals, sleep, breastfeeding, healing, transportation, managing stress, care for older siblings*

29. Are there family or cultural traditions surrounding postpartum care that your doula can honor?

30. Do you have a safe sleep space prepared for your baby?

BASIC NEEDS AND SOCIAL DETERMINANTS OF HEALTH

31. Do you need help with any of the following?

- **Food**
- **Transportation**
- **Reliable housing**
- **Job or employment**
- **Education or training**
- **Healthcare access**
- **Childcare**
- **Emergency assistance or resources**

FEEDING AND NEWBORN CARE

32. Have you thought about how you'd like to feed your baby?

- *Examples: breastfeeding, formula feeding, combination feeding, pumping*

33. What kind of support would help you feel confident in feeding your baby?

- *Classes, lactation visits, equipment such as pumps or bottles, etc.*

Postpartum Questionnaire

Use these questions to guide your 72-hour virtual check-in and in-person postpartum visits. Every client's experience is unique. Listen carefully and adjust your support to meet her where she is.

CIN: _____ **Date of Visit:** _____

Visit Type: 72-Hour Virtual / First In-Person / Second In-Person

Douglas Present: _____

THE BIRTH STORY

1. How was the birth?

- Can you walk me through what happened?
- Would you like me to write down your birth story so you have a record of it?

2. How are you feeling about the way the birth went?

- Is there anything from the birth that is staying with you or that you are still processing?

PHYSICAL RECOVERY

3. How are you feeling physically?

- How is your pain or discomfort level?
- Are you having any concerns about your healing?

4. Have you been able to get any rest or sleep?

- Who has been helping so you can rest?

FEEDING AND INFANT CARE

5. How is feeding going?

- Are you experiencing any pain, difficulty, or concerns with feeding?
- Would a referral to a lactation consultant be helpful?

6. How is your baby doing?

- Any concerns about your baby's health, feeding, or behavior?
- Do you have a pediatric appointment scheduled?

MOOD AND EMOTIONAL WELLBEING

7. Have you noticed any changes in your mood or emotions since giving birth?

- Are you feeling sad, anxious, overwhelmed, or disconnected more than you expected?

8. Are you having any thoughts that worry you or feel out of character?

Edinburgh Postnatal Depression Scale (EPDS): Administer the EPDS at or following this visit if not already completed. If a client scores at or above the clinical threshold, contact your volunteer coordinator for guidance on next steps. Do not wait.

SUPPORT SYSTEM

9. Who has been in your support system since birth, and how are they helping you?

10. Are you feeling supported? Is there anything you wish you had more help with right now?

PRACTICAL NEEDS

11. Are you having difficulty managing household responsibilities?

12. Do you have everything you need at home for yourself and your baby?

- *Diapers, wipes, formula or breastfeeding supplies, postpartum care items, food?*

13. Are there any resources or referrals I can help connect you with today?

SELF-CARE

14. Have you had any time for yourself, even briefly?

- *Have you been able to eat regularly and stay hydrated?*

15. Is there anything specific you need from your doula team right now?

DOULA NOTES (INTERNAL USE ONLY)

EPDS Score: _____ **Action Taken:**

Referrals made:

Follow-up plans:

Sample Visit Agenda

Virtual Pre-Birth Visit

This sample agenda is for reference and as a guide for running your first virtual visit with a new client. You do not need to follow it exactly. Adapt it to the flow of the conversation and the client's needs.

Date: _____ **Time:** _____ **Format:** Virtual (video or phone)
CIN: _____ **Doulas Present:** _____

Time	Topic	Notes
0 to 5 min	Call to Order and Attendance	Confirm everyone is present and can hear clearly
5 to 10 min	Introductions	Both doulas share their names, a little about themselves, and why they do this work
10 to 15 min	Review Scope of Doula Care	Clarify what MHN doulas do and do not do. Answer any questions she has about the program.
15 to 20 min	Communication Preferences	How does she prefer to be contacted? How often does she want check-ins? Any preferred platforms?
20 to 25 min	MHN Doula Hotline	Share the hotline number: (225) 424-7532. Explain when and how to use it.
25 to 30 min	Scheduling	Confirm dates, times, and locations for the first and second in-person pre-birth visits
30 min	Open Floor and Closing	Invite any final questions. Close warmly. Confirm how she will hear from you next.

AFTER THE VISIT

- Submit the Virtual Pre-Birth Visit Form through the Doula Portal using the client's CIN
- Confirm with your teammate who is submitting the form to avoid duplication
- Update your team chat with the scheduled in-person visit dates
- Send the client a brief follow-up message thanking her for her time and confirming the next visit

Sample On-Call Calendar

Birth Month Coverage Template

Use this template to build your team’s on-call schedule for a client’s birth month. The birth month covers three weeks before and one week after the client’s due date. Each teammate typically covers six to eight 12-hour shifts during this window.

Fill in the calendar together, share it with your client, and treat it as a living document that can shift as circumstances change.

HOW TO USE THIS CALENDAR

1. Both doulas identify their unavailable dates first. Be honest about work, travel, and family commitments.
2. Divide the remaining shifts as evenly as possible. Day shifts (7am to 7pm) and night shifts (7pm to 7am) are a common structure.
3. Mark the due date clearly so everyone can see it at a glance.
4. Share the completed schedule with your client so she always knows who is on call.
5. Update the calendar if anything changes and notify your client immediately.

D1 Doula 1 on call
D2 Doula 2 on call
 — Shift to be assigned

7a-7p Day shift (7am to 7pm)
7p-7a Night shift (7pm to 7am)
DUE Client due date

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
D1 7a-7p D2 7p-7a	D1 7a-7p D1 7p-7a	— 7a-7p — 7p-7a	— 7a-7p D2 7p-7a	— 7a-7p — 7p-7a	D1 7a-7p D2 7p-7a	D2 7a-7p D1 7p-7a
D2 7a-7p — 7p-7a	D1 7a-7p D2 7p-7a	D1 7a-7p D1 7p-7a	DUE DATE D2 7a-7p D1 7p-7a	D1 7a-7p — 7p-7a	— 7a-7p D2 7p-7a	— 7a-7p — 7p-7a
D1 7a-7p — 7p-7a	— 7a-7p D2 7p-7a	D2 7a-7p D1 7p-7a	— 7a-7p D2 7p-7a	D1 7a-7p — 7p-7a	— 7a-7p — 7p-7a	D2 7a-7p D2 7p-7a
D2 7a-7p — 7p-7a	— 7a-7p D1 7p-7a	D1 7a-7p — 7p-7a	— 7a-7p D2 7p-7a	— 7a-7p — 7p-7a	— 7a-7p D1 7p-7a	— 7a-7p — 7p-7a

Blank Calendar Template: Print additional copies of this page to build your actual on-call schedule. Fill in initials or names, confirm with your teammate, and share the completed version with your client.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7a-7p: ____ 7p-7a: ____	7a-7p: ____ 7p-7a: ____	7a-7p: ____ 7p-7a: ____	7a-7p: ____ 7p-7a: ____	7a-7p: ____ 7p-7a: ____	7a-7p: ____ 7p-7a: ____	7a-7p: ____ 7p-7a: ____
7a-7p: ____ 7p-7a: ____	7a-7p: ____ 7p-7a: ____	7a-7p: ____ 7p-7a: ____	7a-7p: ____ 7p-7a: ____	7a-7p: ____ 7p-7a: ____	7a-7p: ____ 7p-7a: ____	7a-7p: ____ 7p-7a: ____
7a-7p: ____ 7p-7a: ____	7a-7p: ____ 7p-7a: ____	7a-7p: ____ 7p-7a: ____	7a-7p: ____ 7p-7a: ____	7a-7p: ____ 7p-7a: ____	7a-7p: ____ 7p-7a: ____	7a-7p: ____ 7p-7a: ____
7a-7p: ____ 7p-7a: ____	7a-7p: ____ 7p-7a: ____	7a-7p: ____ 7p-7a: ____	7a-7p: ____ 7p-7a: ____	7a-7p: ____ 7p-7a: ____	7a-7p: ____ 7p-7a: ____	7a-7p: ____ 7p-7a: ____

Key Contacts and Resources

Save these in your phone before your first client visit.

MHN DOULA HOTLINE

(225) 424-7532

Use this number if you cannot reach your doula team. Available for clients and volunteers. Share this number with every client at your first visit.

MHN Staff Contacts

EXECUTIVE DIRECTOR AND FOUNDER

Madeline LeBlanc, MHA, RNC-OB, IBCLC, IAT

Email: mleblanc@mhndoula.com

Urgent organizational concerns, serious escalations, permissions, and access questions

OPERATIONS DIRECTOR

Brea Carter, MBA, ICBD

Email: bcarter@mhndoula.com

Operational questions, client safety concerns, volunteer conduct, suggested guide edits

VOLUNTEER COORDINATOR

Kerionne Lewis

Email: klewis@mhndoula.com

Your first point of contact for everything: scheduling, documentation, client updates, teammate concerns, and any time you are unsure what to do

GENERAL INQUIRIES

Mary's Hands Network

Email: info@mhndoula.com

Phone: (225) 424-7532

Forms, supplies, general program questions, public inquiries

MHN Program Access

Resource	How to Access	Use For
MHN Website	maryshandsnetwork.org	Program information, client interest form, volunteer portal login
Doula Portal (Monday.com)	Via volunteer section at maryshandsnetwork.org	Submitting all client visit forms
Kiip Platform	Via link provided by volunteer coordinator	Client forms, scheduling, and communications
MHN Office	451 E Airport Ave, Suite A, Baton Rouge, LA 70806	In-person visits, supplies, staff meetings

Professional and Educational Resources

Resource	What You Will Find	Where to Access
Evidence Based Birth	Plain-language research summaries on birth interventions, labor support, and maternity care	evidencebasedbirth.com
ICEA Resource Library	Scope of practice, certification information, and professional development tools	icea.org
Spinning Babies	Fetal positioning techniques, comfort measures, and hands-on labor support strategies	spinningbabies.com
March of Dimes	State-level maternal health data, policy resources, and advocacy tools	marchofdimes.org
Louisiana Doula Registry	State registry information and credentialing resources	Contact volunteer coordinator for guidance

Community Referral Resources

Use these resources when connecting clients to support during prenatal and postpartum visits:

Resource	What It Provides	How to Connect
WIC (Women, Infants and Children)	Nutrition support, food vouchers, breastfeeding assistance, and referrals	la.wic.usda.gov or call (800) 251-2229
SNAP (Supplemental Nutrition Assistance)	Monthly food assistance benefits	dcfs.louisiana.gov or local DCFS office
DCFS Louisiana	Child welfare, family support, and crisis services	dcfs.louisiana.gov or call (855) 452-5437
Louisiana 211	24/7 referral line for housing, food, utilities, mental health, and more	Call or text 211
National Alliance for Eating Disorders	Eating disorder support and helpline	(866) 662-1235
Postpartum Support International	Postpartum mental health resources and provider directory	postpartum.net or helpline (800) 944-4773
La Leche League	Breastfeeding support, local group meetings, and lactation resources	llli.org

A Final Word

You chose this work because you care. That matters more than any checklist, form, or protocol in this guide. Carry these tools with you, but carry your heart more.

When you are tired, when a labor runs long, when a client goes quiet and you are not sure what to do, come back to why you started. You are extending the hands of the original doula into the lives of Louisiana families who need exactly what you have to offer.

Thank you for serving with us.