



SLEEPING  
Little Angels

CONCIERGE POSTPARTUM DOULA  
NEURO-PLAY DEVELOPMENT CONSULTANT  
& NEWBORN CARE SPECIALIST

# 3RD TRIMESTER PACK

You ready, mama?



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# HEY, MAMA

*I'm going to gently assume your baby's arrival is getting closer and closer now. And if you're finding yourself with questions, emotions, excitement, or even a few unknowns along the way, you are truly in the right place.*

*Pregnancy, birth, and the postpartum season are powerful transitions. It's completely natural for this time to feel both beautiful and uncertain at the same time. So much is changing—inside your body, inside your heart, and inside your life. But you are also quietly growing into your role as a parent.*

*The wonderful truth is that you don't have to figure everything out at once. Step by step, with gentle guidance and the right information, you can begin to understand what's ahead. And with understanding comes calm. With calm comes confidence. And with confidence comes trust in yourself—because you truly are prepared for this journey in more ways than you may realize.*

*It is my honor and joy to share supportive tools with you that can help you make thoughtful choices, feel more grounded, and enter this next season feeling cared for, informed, and strong.*

*You are not alone in this moment. I'm here to walk alongside you with warmth, experience, and wholehearted support.*

*With so much care and encouragement*

*Beata Pryszyca*

# PRENATAL EDUCATION

Evidence shows that those who participate in prenatal education have:

- increased satisfaction with birth experience
- increased confidence in their body
- less fear + anxiety
- better communication patterns
- less likelihood of induction
- fewer unplanned cesareans
- less risk of perineal trauma
- less risk of postpartum mental health challenges
- improved bonding with their baby
- greater connection with their partner

Comprehensive courses will teach you what might happen, what your options are, how to (confidently) respond to any situation, and what the hours and days after birth will include.

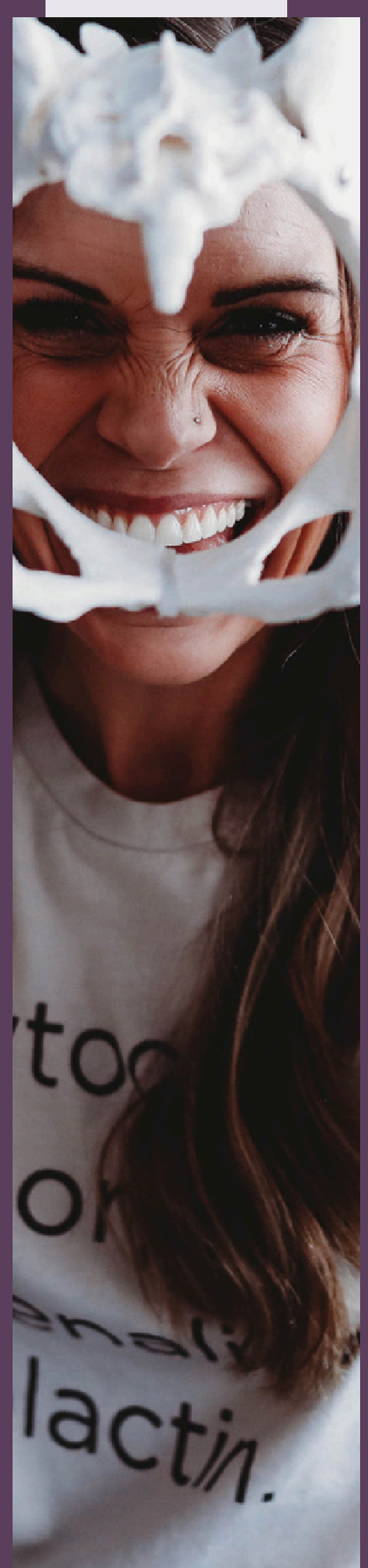


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# Birth Preferences

Full name:

Due Date:

Please call me:

Support person's name:

Support person (2)name:

Doula (if applicable):

Birthing Location:

Provider's Name:

I am comfortable with students:    yes            no

## Health information (you):

my group b strep test was:    positive            negative            unknown

my blood is Rh negative:        yes                no

I have gestational diabetes:    yes                no

I am allergic to:

please note:

Disabilities or injuries:        yes                no

please note:

pregnancy complications:        yes                no

please note:

other important health/pregnancy/illness information:

## Health information (baby):

please note any pertinent health information for baby



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# IN LABOR

## I am planning for a:

vaginal birth                      VBAC  
cesarean birth                      water birth

## my goals for my experience are:

### support people I would like in my space:

partner                      support person                      parents  
doula                      other children                      my siblings  
other:

## in labor I would like to:

have my support person continually available  
stay hydrated without an IV  
have an unconnected saline-locked IV  
be free to eat and drink  
listen to my own music  
utilize aromatherapy  
have control over lighting  
wear my own clothing  
have privacy + minimal staff in room  
avoid cervical exams when possible  
avoid augmentation medications and methods  
avoid medical pain management  
have freedom of movement  
have access to labor support tools

## fetal monitoring preferences:

continuous external monitoring  
intermittent external monitoring  
intermittent doppler monitoring  
avoid internal monitoring  
monitoring only used for distress



# IN LABOR

(if needed) induction/augmentation preferences  
rank in order of preference

- \_\_\_\_\_ nipple stimulation
- \_\_\_\_\_ assisted rupture of membranes
- \_\_\_\_\_ prostaglandins
- \_\_\_\_\_ pitocin
- \_\_\_\_\_ stripping membranes
- \_\_\_\_\_ balloon catheter

**positions + tools I would like to try include:**

- |                 |               |
|-----------------|---------------|
| a birthing ball | the toilet    |
| the floor       | the bed       |
| hands and knees | side-lying    |
| squatting       | a birth stool |
| walking         | rebozo        |
| a peanut ball   | sitting       |

**to manage pain + discomfort I would like:**

- |                          |                     |
|--------------------------|---------------------|
| counter pressure         | acupressure         |
| massage                  | TENS unit           |
| relaxation tools         | water therapy       |
| reflexology (comb)       | nitrous oxide       |
| sterile water injections | IV pain medications |
| pudendal block           | hip squeezes        |
| walking epidural         | standard epidural   |
| other:                   |                     |

**additional labor preferences:**



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# DURING DELIVERY

## when pushing + delivering I would like to:

- direct my own pushing efforts
- choose my own pushing positions
- freedom to push out of the bed
- freedom to be in the water
- try a birthing stool
- try squatting
- try hands and knees
- try side lying
- have guided/coached pushing help

## d uring the delivery I would like:

- |                              |   |
|------------------------------|---|
| a mirror                     | episiotomy only if necessary/with consent |
| perineal massage             | warm perineal compresses                  |
| spontaneous pushing          | guided pushing                            |
| to touch the baby's head     | to help deliver my baby                   |
| my support person to deliver | to avoid instrumental delivery            |

## if instrumental delivery is needed, I'd prefer:

- vacuum assist      forceps assist      provider preference

## if cesarean delivery is needed, I would like:

- a second opinion
- to have exhausted all options
- to be conscious
- support person with me the whole time
- extra support person in OR
- skin-to-skin in OR
- delayed cord clamping
- my arms free
- a clear drape
- other:



# AFTER DELIVERY

## immediately after birth, I would like:

- baby skin-to-skin with me
- support to tell me sex of baby
- baby cleaned and swaddled
- baby skin-to-skin with support if I'm unable
- delayed cord clamping for \_\_\_\_\_ minutes
- cord blood banking
- to avoid pitocin
- placenta to deliver on its own
- to see my placenta
- to keep my placenta

## I plan to feed my baby:

- at the breast
- at the bottle
- breastmilk only
- formula only
- human donor milk if needed
- formula + breastmilk

## I would like lactation assistance:

- yes
- no

# FOR BABY

## requests for baby include:

- no eye ointment
- no vitamin K
- no hepatitis B vaccine
- no pacifier
- 1+ hour uninterrupted skin to skin
  - skin to skin with partner before other care
- delayed bath for \_\_\_\_\_ hours
- no bath
- circumcision
- no circumcision
- parent/provider present/participating for all baby's needs/procedures



# Birth Priorities

---

Assuming all have the same shared desire of “healthy mom, healthy baby,” this is the prioritization of other hopes + desires I have for my birth.

1 = Highest priority

12 = Lowest priority

\_\_\_\_\_ Unmedicated birth

\_\_\_\_\_ Access to epidural/medical pain management tools

\_\_\_\_\_ Avoidance of internal monitoring

\_\_\_\_\_ Control over environment (lights, music, candles, guests)

\_\_\_\_\_ Avoidance of cervical exams

\_\_\_\_\_ Intermittent/telemetry monitoring

\_\_\_\_\_ Privacy (control over number of staff in/out)

\_\_\_\_\_ Access to tub/shower

\_\_\_\_\_ Freedom of movement

\_\_\_\_\_ Vaginal birth

\_\_\_\_\_ Freedom to eat

\_\_\_\_\_ Time for “normal” labor to progress

\*please do this activity with any birth support person!



# hospital bag checklist



CLOTHING	✓
Labor/birth clothing	<input type="checkbox"/>
Robe	<input type="checkbox"/>
Slippers/cozy socks	<input type="checkbox"/>
Nursing bras/tanks (2)	<input type="checkbox"/>
Comfy pants/shorts (2)	<input type="checkbox"/>
Button-up sleep set (2)	<input type="checkbox"/>
or Nursing nightgowns (2)	<input type="checkbox"/>
Going home outfit	<input type="checkbox"/>

MISCELLANEOUS	✓
Cell Phone + Extra long charger	<input type="checkbox"/>
ipad/Tablet/Kindle	<input type="checkbox"/>
Bluetooth speaker	<input type="checkbox"/>
Towels	<input type="checkbox"/>
Snacks	<input type="checkbox"/>
Nipple cream	<input type="checkbox"/>
Gum/hard candies	<input type="checkbox"/>
Pillows/Breastfeeding pillow	<input type="checkbox"/>
ID/insurance info/birth plan	<input type="checkbox"/>

TOILETRIES	✓
Toothbrush + Toothpaste	<input type="checkbox"/>
Shower Shoes	<input type="checkbox"/>
Deodorant	<input type="checkbox"/>
Chapstick	<input type="checkbox"/>
Shampoo/Conditioner	<input type="checkbox"/>
Soap + Facewash	<input type="checkbox"/>
Dry shampoo	<input type="checkbox"/>
Hairbrush + hair ties	<input type="checkbox"/>
Styling tools	<input type="checkbox"/>
Lotions/Mositurizer	<input type="checkbox"/>
Makeup	<input type="checkbox"/>

FOR BABY	✓
Carseat	<input type="checkbox"/>
Going home outfit	<input type="checkbox"/>
Extra outfit (if you want)	<input type="checkbox"/>
Blanket/Swaddle (1)	<input type="checkbox"/>
Knit Hat/Cap	<input type="checkbox"/>
Nail file	<input type="checkbox"/>

# partners + extras

FOR PARTNERS	✓
Change of clothes (2)	<input type="checkbox"/>
Toothbrush + Toothpaste	<input type="checkbox"/>
Deodorant/Toiletries	<input type="checkbox"/>
Slippers/socks	<input type="checkbox"/>
Pillow	<input type="checkbox"/>
Sleep clothes	<input type="checkbox"/>
Phone/charger	<input type="checkbox"/>
Water bottle	<input type="checkbox"/>
\$\$\$ for Vending/Snacks	<input type="checkbox"/>
Wallet/ID	<input type="checkbox"/>

POSSIBLE EXTRAS	✓
Towels	<input type="checkbox"/>
Camera/video camera	<input type="checkbox"/>
Personal postpartum underwear	<input type="checkbox"/>
Pacifiers	<input type="checkbox"/>
Formula	<input type="checkbox"/>
Twinkle lights	<input type="checkbox"/>
Affirmations	<input type="checkbox"/>
Aromatherapy/TENS/Massager	<input type="checkbox"/>
Mini fan	<input type="checkbox"/>
Flameless candles	<input type="checkbox"/>
Collected colostrum	<input type="checkbox"/>
Touch to dim light	<input type="checkbox"/>



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# CESAREAN BIRTH

hospital bag checklist\* *cesarean births usually stay about 3 days* clothing ✓ toiletries



	<input checked="" type="checkbox"/>
bra/undies for OR (*if wanted)	<input type="checkbox"/>
Robe	<input type="checkbox"/>
Slippers/cozy socks	<input type="checkbox"/>
Nursing bras/tanks (2)	<input type="checkbox"/>
Comfy pants/shorts (2)	<input type="checkbox"/>
Button-up sleep set (2)	<input type="checkbox"/>
or Nursing nightgowns (2)	<input type="checkbox"/>
Going home outfit	<input type="checkbox"/>

<b>MISCELLANEOUS</b>	<input checked="" type="checkbox"/>
Cell Phone + Extra long charger	<input type="checkbox"/>
ipad/Tablet/Kindle	<input type="checkbox"/>
Bluetooth speaker	<input type="checkbox"/>
Towels	<input type="checkbox"/>
Snacks	<input type="checkbox"/>
Nipple cream	<input type="checkbox"/>
Chewing gum	<input type="checkbox"/>
Pillows/Breastfeeding pillow	<input type="checkbox"/>
ID/insurance info/birth plan	<input type="checkbox"/>

	<input checked="" type="checkbox"/>
Toothbrush + Toothpaste	<input type="checkbox"/>
Shower Shoes	<input type="checkbox"/>
Deodorant	<input type="checkbox"/>
Chapstick	<input type="checkbox"/>
Shampoo/Conditioner	<input type="checkbox"/>
Soap + Facewash	<input type="checkbox"/>
Dry shampoo	<input type="checkbox"/>
Hairbrush + hair ties	<input type="checkbox"/>
Styling tools	<input type="checkbox"/>
Lotions/Mositurizer	<input type="checkbox"/>
Makeup	<input type="checkbox"/>

<b>FOR BABY</b>	<input checked="" type="checkbox"/>
Carseat	<input type="checkbox"/>
Going home outfit	<input type="checkbox"/>
Extra outfit (if you want)	<input type="checkbox"/>
Blanket/Swaddle (1)	<input type="checkbox"/>
Knit Hat/Cap	<input type="checkbox"/>
Nail file	<input type="checkbox"/>

# CESAREAN BIRTH

## partners + extras for partners ✓

Change of clothes (2)	
Toothbrush + Toothpaste	
Deodorant/Toiletries	
Shaving needs (if needed)	
Eye care (if needed)	
Slippers/socks	
Pillow	
Sleep clothes	
Phone/charger	
Water bottle	
\$\$\$ for Vending and/or snacks	
Wallet/ID	
Shower shoes	

<b>POSSIBLE EXTRAS</b>	✓
Towels	
Anti-nausea tea/snacks	
Reusable hot pack/ice pack	
C-section underwear	
Pacifiers	
Formula	
Abdominal binder	
Touch night light	
"Grabber" on a stick	
Mini fan	
Compression socks	
Camera/video camera	
OTC stool softeners and gas meds	
Collected colostrum	
Sound machine	

# 3rd Trimester Checklist

- Monitor kick counts.

---
- Take a birth class.

---
- Fill out a birth plan and discuss with HCP.

---
- Take an infant care/CPR class.

---
- Find a lactation consultant/take a breastfeeding class.

---
- Find a healthcare provider for baby.

---
- Pack your hospital bag.

---
- Learn about the stages and emotions of labor.

---
- Learn about contractions + download a timing app.

---
- Discuss "when should I come to hospital" with your HCP.

---
- Hire a doula asap (if using).

---
- Finalize cord blood banking process (if doing).

---
- Learn about newborn screenings/meds at your hospital.

---
- Learn/decide about circumcision (if needed).

---
- Pre-register and tour your birthplace.

---

- Finish prepping the nursery.

---
- Wash baby clothes (just a few sets in case baby is big).

---
- Work on baby book (if doing).

---
- Finalize baby's name.

---
- Assemble baby gear + baby changing station(s).

---
- Get carseat and learn installation + use.

---
- Prep freezer meals (including breakfast) and lactation cookies.

---
- Prep a postpartum bathroom caddy/care supplies.

---
- Shop some nursing bras/tanks/pajamas.

---
- Start optimal fetal positioning exercises (\*ask provider when).

---
- Order pump and learn basic how-tos.

---
- Find newborn photographer (if doing).

---
- Wrap up work projects + finalize childcare for return to work.

---
- Set up care for other kid(s)/pet(s) for the birth-day.

---
- Organize/prep guest space in your home.

---
- Do a date with partner (and dates with other kid(s)).

---