



Please know that all information shared with me will be held in the strictest confidence.

Name: _____ Age: _____ Due date: _____

Phone: _____
Home Work Cell

Address: _____
Street Town State Zip

Email: _____ Occupation: _____

Partner's Name: _____ Occupation: _____

Midwife/Doctor's Name: _____ Hospital: _____

Name(s) & Age(s) of children _____

Do you know the sex of this baby? _____ Have you chosen a name? _____

• How is your pregnancy going? Is it what you expected?

• Any medical conditions that may impact your pregnancy, labor or birth??

• Are you a woman who wants a baby? Do you want to experience birth?

• What are the most stressful aspects of you life right now?

• Have you had any of the following?

_____ Abortion _____ Stillbirth _____ Miscarriage _____ Infertility

- Have you had any other life traumas that you wish to share with me, i.e. physical, emotional or sexual abuse?
- Is anyone other than your partner planning to be at the birth?
- Imagine your ideal birth. What makes it ideal?
- What are your greatest fears about birth?
- Partners, please also answer this question
- What makes you feel safe?
- What makes you feel powerful?
- What is your usual way of coping with pain and fear? What coping techniques do you plan to use during labor?
- How do you imagine that I can be most helpful to you and your partner?
- How does your mother describe her birthing experience(s)?
- Please tell me about any previous birth experience(s). When and how did labor begin? How long did it last? How long was the pushing phase? How did you cope?
- How did you feel about the experience(s)?

• What would you hope to avoid this time?

• Do you have any special requests in regards to your baby?

• How would you like me to “check-in” with you prior to birth? _____ Email _____ Phone _____

• Do you like to be touched? _____ Massaged? _____ Aromatherapy? _____

• What will you bring from home? _____

• Do you wish to labor in your own clothing? _____ • Will your partner room-in with you? _____

• Any special instructions about picture taking? _____

• What are your plans for medication use in labor? _____

• Shall I try to talk you out of medication? _____ • Do you want to watch the birth in a mirror? _____

• Do you or your partner want to help deliver the baby? _____ • Who cuts the cord? _____

• Are you planning to breastfeed? _____ • Shall I stay to help you get started with nursing? _____

• Will you be collecting cord blood for banking? _____ • Have you informed your provider of this? _____

I'll bring the following with me for your birth:

A fan	iPod/Speakers	Soft lighting	Hot/Cold packs	lip balm
Camera	Hair ties	Aromatherapy	Massage Oil/Lotion	Bath pillow

Things you might want to bring:

2 pillows	Hair Dryer	Nightgowns/T-Shirts	Hair Ties	Camera/film
Chap Stick	Phone Card	Cell Phone	Phone Numbers	Bathrobe
Socks	Slippers	Popsicles	SNACKS!!	

The following is a list of possible triggers for anxiety during childbirth. Please let me know if any of these may be possible triggers for you, and we'll devise strategies for either eliminating these triggers or coping with them.

- _____ Changed appearance – you may be sweaty, your hair may be messy, etc.
- _____ Nakedness – exposure of sexual parts of body
- _____ Secretions – blood, amniotic fluid, etc.
- _____ Body positions – hands and knees, squatting, on back with legs apart
- _____ Hospital environment – smell, machines, sounds, uniformed personnel
- _____ Blood drawing
- _____ Intravenous fluids
- _____ Vaginal exams
- _____ Artificial rupture of membranes
- _____ Connection to lines from body to machines or containers – blood pressure cuff, fetal monitors, IV line, catheters
- _____ Restriction to bed
- _____ Pain with labor contractions
- _____ Pain-related behavior – panic, loss of control, etc.
- _____ Expressions of pain – facial, vocal, bodily tension
- _____ Narcotic medication – groggy, sleepy, less pain, more relaxation
- _____ Epidural medication – numb, catheter in back, inability to do as much, possible inadequate pain relief
- _____ Relationship with staff – gender issues, trust issues, confidence
- _____ Strangers - nurses, unfamiliar provider
- _____ Behavior of staff towards you – respect, control, asking before touching
- _____ Issues regarding your partner, doula, family – disapproval, disagreement, trust
- _____ The actual birth – baby bulging the perineum, emerging from your body
- _____ Pushing effort – sounds, possible bowel movement
- _____ Episiotomy/Tearing
- _____ Forceps/Vacuum extractor
- _____ Cesarean Section
- _____ Postpartum – inspection of vaginal canal, stitches, fundal massage