

Prenatal Questionnaire

Thank you for taking the time to share with me so that I can get to know you better. The information you provide will help me respond more appropriately to you in labor and birth. All information written and shared verbally will be kept in strict confidence. If there are some issues of a sensitive nature, we could discuss them one-on-one if that would be more comfortable to you. Thank you for your trust and the honor of serving you through the journey of giving birth.

NAME: _____ Age: _____

HUSBAND'S NAME: _____ Age : _____

Address: _____ Home Phone: _____

_____ Husband's Cell: _____

Cell Phone: _____ Due Date: _____

Birth Site: _____ Dr. / Midwife: _____

Other members of your household (please list name, age, and relationship to you):

Any pets: _____

How did you learn of a birth doula and why did you decide to choose labor support? Whose idea was it (his/hers/both)?

GENERAL HEALTH

Any current medications: _____

Pertinent Medical History

PREVIOUS PREGNANCIES AND BIRTHS

Date	Outcome	M/F?	Child's name	Birth weight	Labor length	Complications
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Outcome = carried to term, premature, terminated pregnancy, miscarried, stillborn

Please tell me about your previous labor experiences. (When and how did labor begin? How long did it last? How long did you push? What did you use to cope? Etc. . . .)

What was the best thing about your other birth experiences? What would you like to do different this time?

THIS PREGANCY

Official 40 week due date: _____

This baby was
_____ unexpected _____ planned _____ conceived with fertility treatments

Any ultrasounds? If so, what estimated due date was given?

What prenatal tests have you had? Any abnormal results or specific concerns with the pregnancy or baby?

How is your pregnancy going? Is it what you expected? If not, how is it different than you expected?

Have you or will you be taking childbirth education or breastfeeding classes? Please describe.

Please list the resources (books, movies, websites, or people) dealing with pregnancy, labor/postpartum and baby care, & breastfeeding that you have found particularly helpful.

What other events or circumstances have impacted your view of pregnancy, babies, and birth (either positive and negative)?

What are the most stressful aspects of your life currently and how do you typically deal with them?

UPCOMING BIRTH

Please describe your vision of the ideal birth.

Mother:

Father:

Knowing that birth is sometimes less than ideal, what would be three key elements that are most important to you?

1) _____

2) _____

3) _____

What are your greatest fears about this birth?

Mother:

Father:

How do you imagine your doula can be helpful to you now and during your labor?

Mother:

Father:

Will there be others attending the birth?

Are there any cultural/religious choices/preferences that may affect your birth?

Where do you find yourself on the Pain Medication Preference Rating? (see chart) _____ What is your preference for the use of pain medications in labor?

When you are tense, where do you feel it? (Check all that apply)

_____ Back _____ Head _____ Shoulders _____ Jaw
_____ Chest _____ Neck _____ Legs _____ Other

How does your body react to tension and stress?

____ Racing heart ____ Trembling Hands ____ Difficulty breathing ____ Sweating
____ Tapping feet ____ Nail biting ____ Trembling Legs ____ Butterflies in stomach
____ Nausea ____ Clenched Fists ____ Grinding teeth ____ Other

Not all women find labor to be painful, but most do. How do you comfort yourself when in pain (severe PMS)?

____ Making noise ____ Distracting activities ____ Rhythmic movements ____ Turning inward
____ Activity ____ Companionship ____ Quiet solitude ____ Music ____ Other

In labor, what coping techniques do you see yourself using?

____ Walking ____ Relaxation ____ Distraction ____ Visualization ____ Breathing
____ Shower/bath ____ Focus ____ Massage ____ Encouragement ____ Moaning/Singing
____ Prayer ____ Music ____ Rocking ____ Other

NEWBORN

Do you know your baby's gender? ____ Boy ____ Girl ____ Don't know

If you have a boy what is your decision regarding circumcision? ____ Yes ____ No ____ Not sure

Are you planning to breastfeed? ____ Yes ____ No

Who will you have available for support during the first few days and weeks?

Is there anything else you would like your doula to know?