



Doula Prenatal Interview

Client Name: _____

Partner: _____

Address: _____

Home Phone: _____

Email: _____

Work Phone: _____ Cell: _____

OB/Midwife: _____

Hospital/Birth Place: _____ Tele: _____

Est. Due Date: _____ Client Birth Date: _____

I Health History

1. Pre-pregnancy health in general:

2. Drug allergies or reaction:

3. Any chronic illnesses?

4. Any surgeries that would affect labor?

5. Any infertility treatments/procedures?

6. List any emotional disorders along with types of treatment:

7. Do you have any concerns about your well-being?

II Childbearing History

1. Have you had any childbearing losses? (i.e. abortion, miscarriage, stillbirth, placed for adoption).

2. Vital information on previous births (i.e. date, weeks of preg., birth wgt).

3. How did labor begin? How long did it last? How did you push? What coping techniques did you use?

4. Were there any complications?

5. What was best about the experience? What element would you hope to avoid this time?

III Anticipated Birth

1. How is your pregnancy going? Is it what you expected?

2. Are you feeling rested? Restless? Any interesting dreams?

3. Have there been any complications with this pregnancy? If so, what?

4. What childbirth education have you taken or will take?

5. Who have you chosen to be with you during this birth and what role will each person play?

6. Have you told your doctor or midwife that you are hiring labor support? _____

7. How do you imagine that I can be most helpful to you?

Client:

Partner:

8. Imagine your ideal birth. What makes it ideal?

Client:

Partner:

9. Have you completed a birth guide? If so, may I have a copy?

10. What are the 3 most vital elements of your birth plan?

- 1) -----
- 2) -----
- 3) -----

11. What are your greatest fears about this birth?

Client:

Partner:

12. What is your occupation? Partners?

13. In general, where do you feel tension in your body? (i.e. head, neck, chest, shoulders, jaw, legs, back, etc.) And how do you manifest that tension? (i.e. racing heart, difficulty breathing, nail biting, nausea, grinding teeth, clenched fist, etc.).

14. In painful situations, how do you seek comfort? (i.e. companionship, activity, quiet, turning inward, making noise, rhythmic movement, distraction, etc.).

15. When frightened, how do you regain a sense of calmness? (i.e. deep breathing, deliberate relaxation, reassurance from others, visualization, information gathering, etc.).

16. In labor, what coping techniques do you anticipate using? (i.e. walking, music, nature sound machine, relaxation, shower/bath, massage, rocking, position changes, encouragement, moaning, visualization, etc.)

17. What, if desired, provisions for photographing the birth have you made?

18. Are you interested in aromatherapy use during your labor?

IV Newborn

1. Do you know the gender of this baby? _____

2. What do you plan on naming this baby? Any significance other than preference for the name?

3. In ideal circumstances, how would you like to welcome your baby? (i.e. non- separation, immediate nursing, hear your voices first, discover infant's sex on your own, etc.)

4. Would you like assistance with breastfeeding?

5. Do you have any special concerns about your child?

V Logistical Plan

1. At what stage would you like to be upon my arrival? Would you like for me to come to your home to assist in labor before leaving for the hospital (if applicable)

2. How far along would you like to be before arrival at the hospital/birth center (if applicable)?

NOTES: