

Working Together to Create a Positive Experience

As your doula it is our honor to support you during your birth. This worksheet will help us to better help you. Below is a list of options that can guide us.

Mother-to-be: _____

Aside from healthy baby, list your top 3 priorities for this birth:

- 1.
- 2.
- 3.

If you could choose your dilation upon hospital admission it would be between:
_____ - _____ cm

If you are less than that, do you want the option of going back home? _____

(Circle preference)

Where should we meet during your labor?

- At your home to labor for a while
- At the hospital

Presence of others (family/friends)

At home:

For 2nd+ time moms: What are your childcare arrangements:

At the hospital/in waiting room:

In labor/delivery room:

(Circle preference/cross out any that do not appeal to you)

Comfort measures:

- Birth ball
- Shower/Bath
- Walking

Breathing: *What do you see yourself doing?*

- Slow abdominal breathing
- Patterned breathing
- Vocalization
- Other:

Guided Imagery: *Can you see yourself using visualization?* _____

- Favorite Place (in nature, vacation, bedroom etc..)
- Abstract (colors, light, spirals, circles etc...)
- Visualizing process (cervix opening, baby moving down etc...)

Music: *Would you like music during your labor?* _____

- Yours
- Doulas:
 - vocals
 - instrumentals
 - nature sounds

Massage: *Do you like massage?* _____

- Shoulders/neck
- Lower back
- Scalp
- Hands
- Feet

Is there anywhere you do not like to be touched? _____

Pain Medication:

The number that best represents you on the Pain Medication Pref Scale is: _____

Are you open to: Epidural anesthesia or Narcotics(stadol, nubain, morphine)_____

If your intention is to avoid the use of pain medication, please list reasons why:

You will consider pain medication for:

- Pain that cannot be adequately managed by other means
- Exhaustion/Fatigue (labor that lasts longer than _____ hours)
- Induction of labor/ use of pitocin
- None of the above

If you request pain medication you would like your support team to:

- Suggest another coping technique to try for X amount of time/contractions
- Offer affirmations/verbal encouragement to continue
- Try to dissuade you by reminding you of the reasons you wanted to avoid it
- Only honor request if you use your pre-determined password of _____
- Immediately inform nurse of your decision

Second Stage:

Level of guidance:

- More: Coach Directed pushing (counting/breath holding)
W/ enthusiastic cheering
- Less: Instinctive pushing (no counting)
W/ quiet encouragement
- Open to either/whatever works

Pre-existing Back/Hip Issues:

Do you wear contacts/glasses?

Positions:

- Use of tub/waterbirth
- Use of squat bar
- Side-lying
- Hands and knees
- Lithotomy (on back/classic position)
- No preference/ open to trying anything

Crowning:

- Warm compresses on perineum
- Touch Baby's head at crowning
- Use of mirror
- Remind you to open your eyes/see birth

Following Birth

- Cord blood collection/banking
- Delayed cord clamping
- Placenta Encapsulation
- Skin to skin contact
- Help getting baby positioned and latched onto breast

Still Photos:

- During labor
- Crowning/Birth
- Directly after birth
- Baby with Dad

Other preferences:

Partner: I recognize and value your role as support person. By answering the following, you help us get to know you better and the level/type of involvement you'd like to have.

Name: _____

Aside from healthy baby, list your top 3 priorities for this birth:

- 1.
- 2.
- 3.

Here are some common ways for partners to be involved, circle those that appeal to you and feel free to cross out any that would make you uncomfortable.

(Physical Support)

Massaging her back
Having her lean on you
Breathing with her
Wiping her brow/neck with cool washcloth

(Emotional Support)

Being affectionate
Offering praise/encouragement
Trying to lighten the mood/make her smile
Asking her what's on her mind (after contraction)

(Practical Support)

Getting her ice/water
Being in charge of the music
Helping her out of the bath/shower
Offering her sips of water/juice

In which of the following ways, can we best serve *you*?

- Offer suggestions on how you can help her
- Offer opportunities for rest/breaks
- Offer information/clarification on what's happening
- Other:

Have you met the doctors/midwives? How do you feel about them?

Can you see yourself asking them questions during the labor/birth?

What are your feelings regarding pain medication?

If labor is long or active after midnight, how do you plan to manage your fatigue?

Are you comfortable taking a short nap while doula is present?

Do any of the following make you uncomfortable:

- Needles
- Blood
- Vomit
- Being present for vaginal exams

Second Stage (***circle your preferences***)

The birth:

- Want to see baby crowning/being born
- Would rather be at the head of the bed
- Don't have a preference

Announcements:

- Want to announce the sex
- Not applicable

Cutting the cord:

- Want to (please remind me/medical staff)
- Would rather not
- Am fine either way

First hour after birth, holding baby:

- Very comfortable
- Would rather be seated
- Want to do skin-to-skin with baby

Do you have any pre-existing conditions we should be aware of:

- Anxiety
- Low Blood Sugar
- Headaches
- Other: