

✂ To complete DONA International certification you must purchase a Certification Application Packet that provides all the necessary forms and directions. For information about purchasing the packet, or for answers to other certification questions, please call DONA International at (888) 788-DONA (3662) or purchase the packet through the DONA Boutique on the DONA International web site at www.DONA.org.

**INCLUDE A SIGNED COPY OF THE CLIENT CONFIDENTIALITY RELEASE FORM WITH THIS DOCUMENT**

**Doula's name** \_\_\_\_\_ **Date of birth attended** \_\_\_\_\_

**CLIENT PROFILE and HISTORY**

Name \_\_\_\_\_ Partner/Relationship (if applicable) \_\_\_\_\_

Ethnicity \_\_\_\_\_ # of Births? \_\_\_\_\_ # of Pregnancies? \_\_\_\_\_ # of Living Children \_\_\_\_\_

Place of Birth: Hospital \_\_\_\_\_ Home \_\_\_\_\_ Freestanding Birth Center \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Careprovider: OB \_\_\_ Direct-entry Midwife \_\_\_ CNM \_\_\_ Family Practice MD \_\_\_ Other \_\_\_

Planned VBAC?: Yes \_\_\_ No \_\_\_ # Previous Cesareans \_\_\_\_\_

**LABOR AND BIRTH**

Weeks gestation at time of birth \_\_\_\_\_

Time labor contractions began \_\_\_\_\_ Time labor contractions were 5 min. apart \_\_\_\_\_

Dilatation/Effacement/Station when admitted to hospital if applicable \_\_\_\_\_

Spontaneous Rupture of Membranes? Yes \_\_\_ No \_\_\_ If Yes, what time \_\_\_\_\_

Place (home, hospital, car, other) \_\_\_\_\_ Dilatation \_\_\_\_\_

Was meconium present? Yes \_\_\_ No \_\_\_ Light \_\_\_ Moderate \_\_\_ Thick \_\_\_

What was the approximate length of First Stage (0-10 cm.)? \_\_\_\_\_ Second Stage (pushing)? \_\_\_\_\_

What was the approximate time length of Third Stage (placenta)? \_\_\_\_\_ Were there any Third Stage complications? \_\_\_ If yes, please explain \_\_\_\_\_

Was the mother breastfeeding? \_\_\_\_\_ How did you help her establish breastfeeding? \_\_\_\_\_

**Time doula arrived** \_\_\_\_\_ **Time doula departed** \_\_\_\_\_ **Total Time doula in attendance** \_\_\_\_\_

*(For certification purposes, doula must arrive before or at the onset of active labor.)*

**TOTAL hours doula spent with mom in labor** \_\_\_\_\_

**TOTAL hours doula spent with mom postpartum** \_\_\_\_\_

**Doula**

**Client**

**LABOR PROGRESSION CHART**

Date														
Time														
Dilation														
Effacement														
Station														

**MEDICAL INTERVENTIONS/PROCEDURES:**

TYPE	YES	NO	ADDITIONAL INFORMATION
Intermittent External EFM			
Continuous External EFM			
Internal Fetal Scalp Electrode			
Intrauterine Pressure Catheter			
Heplock			
IV			
Amniotomy (AROM)			
Amnioinfusion			
Prostaglandin Induction			Drug Name
Induction			Cm. Time Drug
Augmentation			Cm. Time Drug
Analgesic Medication			Drug Name Cm.
Epidural Anesthesia			Continuous or Bolus Cm.
Other Medication			Drug Name Cm.
Other Anesthesia			Type
Forceps Assisted Delivery			
Vacuum Assisted Delivery			
Episiotomy			Degree
Tears/Lacerations			Degree
Vaginal Delivery			
Other Intervention			Type
Cesarean Delivery			Reason

**BABY INFORMATION:**

Time of Birth _____	DOB _____	Sex _____	Weight _____	Length _____
1 minute Apgar _____	5 minute Apgar _____	10 minute Apgar (if applicable) _____		

Immediate transfer to intermediate care or NICU? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain \_\_\_\_\_