

✂ 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 _____