



Data Collection Form

Please answer each item by placing a check in the appropriate space. Use one form per birth. Please make copies of this form for additional births. Send completed form to:

DONA International, PO Box 626, Jasper, IN 47547 or fax to 812-634-1491

Your signature implies that to the best of your knowledge you have supplied accurate information. Thank you for your efforts to collect data on doula support. This form is for data only. Birth stories cannot be entered.

Referral Source:

- DONA International
- Hospital
- Other: _____

Payment:

- Private Pay
- 3rd Party Reimbursement
- Volunteer
- Hospital
- Other: _____

Client Ethnicity:

- Asian
- African American
- Caucasian
- Hispanic
- Native American
- Other: _____

Attended By:

- Married, spouse present
- Married, spouse not present
- Single, accompanied by
 - Male Female
 - Both
- Single, unaccompanied

Place of Birth:

- Home
- Hospital
- Birth Center
- Other: _____

Caregiver:

- Midwife
- OB Doctor
- Combination
- Family Practice Doctor
- Other: _____

Pregnancy:

- Normal
- Gestational Diabetes
- Pregnancy Induced Hypertension (PIH)
- Premature < 38 weeks
- Postmature > 42 weeks
- High Risk
- Other: _____

Childbirth Education Classes:

- Yes
- No

Length of Labor as perceived by mother (hours) _____

Labor Length - Admission to Birth (hours) _____

Interventions:

- Prostaglandin Induction
- Pitocin Induction
- Cytotec Induction
- Artificial Rupture of Membranes
- Pitocin Augmentation
- Doppler (auscultation)
- External Electronic Fetal Monitoring
 - Continuous
 - Intermittent
- Internal Fetal Monitoring
- Other: _____

Medications:

- Pain Medications (IV)
 - Epidural before 5 cm
 - Epidural after 5 cm
 - Other: _____
- Mother's desire for pain medication before birth based on 1=no meds, 10=full meds _____

Method of Birth:

- Spontaneous Vaginal
 - Forceps/Vacuum
 - Planned Cesarean Birth
- Reason: _____
- Unexpected Cesarean Birth
- Reason: _____
- Vaginal Birth after Cesarean Outcome - Vaginal Birth
 - Vaginal Birth after Cesarean Outcome - Repeat Cesarean

Baby's Outcome:

- Normal
- _____ Baby's Birth weight
- Baby with Mother less than 30 minutes in first hour
- Premature
- Birth Defect
- Stillbirth
- Intensive Care
- Breastfeeding
- Other: _____

Doula's Name _____ Doula's Zip Code _____

Doula's Labor Hours _____ Date _____

Mother's Age _____ Pregnancy # _____ Birth # _____

Doula's Signature _____