

Please answer all applicable items in each category. Use one form per birth. Make copies of this form for additional births. Mail or fax the completed form to:

DONA International, 35 East Wacker Drive, Suite 850, Chicago, IL 60601 or fax to 312-644-8557

Your signature implies that, to the best of your knowledge, you have supplied accurate information. Thank you for your efforts to collect data on birth 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 RACE

- African American/Black
- Asian
- Caucasian/White
- Native/Indigenous
- Mixed (2 or more)
- Other

CLIENT ETHNICITY

- Hispanic or Latino (any race)
- Not Hispanic or Latino

MOTHER'S INFORMATION

- Married
- Single
- Age _____
- Pregnancy # _____
- Birth # _____

ATTENDED BY

- Partner/baby's father
- Family member(s)
- Friend(s)
- Unaccompanied

PLACE OF BIRTH

- Home
- Hospital
- Birth Center
- Other

CAREGIVER

- Midwife
- OB doctor
- Combination
- Family practice doctor
- Unattended

PREGNANCY

- Uncomplicated
- Gestational diabetes
- Pregnancy induced hypertension (PIH)
- Gestation < 38 weeks
- Gestation > 42 weeks
- High risk
- Other

CHILDBIRTH EDUCATION CLASSES

- (past or present)
- Yes
 - No

LENGTH OF LABOR

- As perceived by mother (hours)
- Hospital admission to birth (hours)
- Doula's labor hours

INTERVENTIONS

- Induction
- Artificial rupture of membranes
- Pitocin augmentation
- Doppler (auscultation)
- Electronic fetal monitoring
 - continuous intermittent
- IV fluids
- Other

MEDICATIONS

- Pain medications (IV/IM)
- Epidural before 5 cm
- Epidural after 5 cm
- Other
- Mother's desire for pain medication before birth based on scale of 1-10
1=No meds 10=Full meds

METHOD OF BIRTH

- Spontaneous vaginal birth
- Forceps/vacuum birth
- Planned cesarean birth
 - Previous cesarean
 - High risk status
 - Postdates
 - Large baby
 - Maternal choice
- Unexpected cesarean birth
 - Failed VBAC attempt
 - Failed induction
 - Fetal distress
 - Maternal distress
 - Other _____
- Vaginal birth after cesarean

BABY OUTCOME

- No immediate health concerns
- Birth weight: _____ lb _____ oz / _____ g
- With mother less than 30 minutes in 1st hour
- Premature
- Stillbirth/demise
- Intensive care
- NICU
- Breastfeeding

DOULA'S NAME (PRINT) _____ DOULA'S ZIP/POSTAL CODE _____

CD(DONA) WHILE WORKING WITH THE CLIENT? YES NO

DOULA'S SIGNATURE _____ DATE _____