



Arizona Doulas Organization & Birth Education Association, Inc.

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Birthplan Questionnaire

(Please complete portions you feel are important for your Doula to know. Some information may be included on your *Birthplan*. This information is confidential)

Client's Name: _____ Age: _____

Occupation: _____

Partner's Name: _____ Age: _____

Occupation: _____

Phone: (H) _____ (C) _____ (W) _____

Due Date: _____ Doctor or Midwife: _____

Hospital/Birth Center: _____

Address & Directions to your home: _____

Pregnancy Information:

Other children (Names/Ages):

Have there been any problems with this pregnancy or with previous pregnancies?

Which prenatal tests have you had? What were the results?

How do you feel about your healthcare provider (Doctor or midwife)?

What are the most stressful aspects of your life at present?

Imagine your ideal birth. What makes it ideal?

What are your greatest concerns or fears about this upcoming birth?

How do you imagine I can be most helpful to you?

Health History

Please check any of the following that apply to you:

<input type="checkbox"/> Chronic Illness	<input type="checkbox"/> Surgeries	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart Problems
<input type="checkbox"/> Varicose Veins	<input type="checkbox"/> Venereal Disease	<input type="checkbox"/> Headaches	<input type="checkbox"/> High Blood Pressure
<input type="checkbox"/> Abuse History	<input type="checkbox"/> Emotional illness	<input type="checkbox"/> Infertility	<input type="checkbox"/> Miscarriage/Abortion
<input type="checkbox"/> Stillbirth/SIDS	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> HIV	<input type="checkbox"/> Other

Please describe any of the above or other medical conditions:

Are you taking any medication or herbs?

Have you experienced any significant losses or other life traumas?
(For example: Death, divorce, adoption, abuse, neglect, domestic violence, etc.)

Please briefly describe any previous pregnancies and/or childbirth experiences:
(For example: Length of labor & pushing, procedures, medications, emotions, etc.)

Birthplan Development

Birth is a wonderful and exciting event in your lives! To make it a unique experience, you may want to write a *Birthplan* detailing your goals and preferences that are important to you and your partner(s). A *Birt plan* is a communication tool which assists you by providing ideas and information that you can discuss with your health care provider prior to the birth of your baby. It recommended that you give a copy of your Birthplan to your caregiver prior to 36 weeks. This allows your caregiver to review your plan and address any issues or concerns and then a copy can be placed in your chart. Good communication between you, your partner(s) and your care giver is essential so that everyone is informed and can support your goals. Please realize that if a medical problem should arise, all of your goals may not be obtained.

1. Decide what you want:

Gather information. Define your beliefs and values. Address concerns about your birth and identify what makes you happy or excited about your birth.

2. Take action:

Write or type your *Birth plan*. Share your thoughts with your support person(s). Discuss your *Birth plan* with your doctor or midwife and have them sign it to indicate their support of your plans.

3. Make your goals real:

Believe in your birthing goals. Have patience and be flexible. Be ready for obstacles and be informed of alternatives. Don't give up on your support team, yourself, your body, your baby or the birth process!

Labor and birth topics that may be addressed in a *Birthplan*:

LABOR/BIRTH	Support persons	Activity in labor	Food and fluids
	Birth environment	Fetal monitoring	Comfort measures
	Siblings at birth	IV/Heparin lock	Induction of labor
	Photography	Shower/tub	Vaginal exams
	Augmenting labor	Medications	Pushing technique
	Care of perineum	Position for delivery	Forceps/Vacuum extraction
	Cesarean delivery	Premature/sick infant	
AFTER BIRTH	Infant Feeding	Contact with baby	Cuffing of cord
	Suctioning of baby	Delivery of placenta	Rooming-in vs. Nursery
	Warming of baby	Circumcision	Eye ointment
	Hospital discharge	Blood tests & vaccines	Vitamin K shot

Examples of Sample Phrases for Your Birthplan

1. I would like my partner or additional support person (Doula) to stay with me at all times and not be excluded for any reason.
2. I would like freedom to move about or change positions frequently, even after rupture of membranes.
3. I would like liquids, such as juices, high-energy drinks, tea and ice chips for hydration.
4. I prefer no IV fluids unless I am dehydrating or it becomes medically necessary.
5. I request that pain medications not be offered to me, unless I decide to request them.
6. In the event of Labor induction or augmentation, I would like to try alternate methods prior to use of Pitocin (ie: nipple stimulation, enema).
7. I prefer limited use (15 - 20 minutes every hour) of the external fetal monitor.
8. I would like to use the shower, bathtub or Jacuzzi as necessary.
9. I request the freedom to choose pushing positions and techniques including spontaneous bearing down without direction, exhale pushing, as well as squatting, side-lying and upright positions when delivering the baby..
10. I ask that no routine episiotomy be performed. I would like to use warm compresses and perineal massage prior to delivery.
11. I request that we use a camera or camcorder in the labor and delivery room.
12. I would like the immediate care of my baby done on my abdomen with skin-to-skin contact for as long as desired unless the baby needs immediate medical attention.
13. I ask that all newborn care be done in my room (weight, measurement, bath). I request that my baby not be taken to the nursery unless necessary, and that my partner be able to accompany the baby if this occurs.
14. I would like rooming-in with my baby unless otherwise requested.
15. I request no vitamin K for my baby unless medically necessary (ie: circumcision, bruising).
16. I plan to breastfeed and request that no supplements or pacifiers be given.
17. If my baby needs to be fed by bottle or other means, I would like to pump my breasts and provide breastmilk throughout the hospital stay.
18. If my infant requires special nursery care, I request access to him/her at any time.
19. In the event of cesarean delivery, I would like my partner and one other support person present; for myself and the baby.
20. If a cesarean is necessary, I would like to have contact with my baby as soon as possible and during recovery.

Birthplan

Woman's Name:

Partner's Name:

Other support people or family and friends who will attend during labor or birth:

Most important issues concerning your birth experience:

For 1st Stage of Labor (Early, Active & Transition) my preferences are:

Methods of self-directed pain relief or comfort measures I'd like to use:

For 2nd Stage of Labor (Pushing & Delivery of Baby) my preferences are:

Preferences in the event of cesarean delivery:

Newborn Care Plan for _____



Baby's doctor: _____

Newborn care issues, fears, or concerns:

I have the following experience with newborns:

Infant feeding: Breastmilk Formula

Newborn exam and procedures, including immediate immunizations:

Unexpected problems with the newborn:

Educational needs (baby care and feeding):

Acknowledgment: This Newborn Care Plan form is adapted from the form prepared by Carla Reinke, RN, MSN, CNM, for use at Virginia Mason Medical Center, Seattle, WA.

Key Questions About Your Care: by Penny Simkin, PT

Answers to the following questions will help you participate in your care responsibly and with greater satisfaction:

When a test is suggested:

(ie: Non-stress test, ultrasound, fetal biophysical profile, etc.)

1. Why should I have this test? What problem are we looking for?
2. What will it tell us? How accurate or reliable are the results?
3. If the test detects a problem, what will happen next?
4. If the test does not detect a problem, what will happen next?

When a Treatment or Intervention is suggested:

(ie: Fetal monitor, forceps, cesarean, etc.)

1. What is the problem? Why is it a problem? How serious is it? How urgent is it that we begin treatment?
2. Describe the treatment: How is it done? How likely is it to detect or solve the problem?
3. If it does not succeed, what are the next steps?
4. Are there risks or side-effects to the treatment?
5. Are there any alternatives (including waiting or doing nothing?)
6. Ask question 2, 3 and 4 about any alternatives.

In an emergency it may not be possible to fully explore these questions. Your caregiver should tell you how serious and urgent the situation is.