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Medical and Personal History

Please fill out this medical and personal history form very carefully. When we meet again we will go over it and discuss any questions that either of us might have. Please leave blank any questions with which you are unfamiliar or would prefer to answer in person.

MOTHER:

Name _____ Date of Birth _____ Height _____

Address _____

City and Zip Code _____

Phone # _____

E-mail Address _____

Your Weight at Your Own Birth _____ Baby's Father's Birth Weight if Known _____

Occupation _____

BIRTHING PARTNER:

Name _____ Phone _____

Occupation _____

CARE PROVIDER:

Name _____ Phone _____

Office Address _____

HOSPITAL/BIRTH FACILITY:

Where do you plan to give birth? _____

Facility Address _____

Labor and Delivery Phone _____

Approximate driving time from your home to the birthing facility _____

OTHER:

Due Date _____ Sex of baby(if known) _____ Name of Baby(if known) _____

Have you taken any childbirth preparation classes? _____

If yes, Location and Instructor _____

How else have you prepared for this birth? (books, videos, etc.) _____

What do you know about your mother's labors? _____

To what extent do you drink alcohol? _____

How much do you usually sleep each night? _____

Do you have an opportunity for rest or a nap each day? _____ Do you sleep well? _____

In general how have you felt with this pregnancy? _____

Who do you plan to invite to your birth? _____

Who will be helping you at home after your baby is born? _____

The following can greatly affect your birth. Please answer the following so that I can best help you during your pregnancy, labor and birth.

Do you have herpes? _____ Have you tested positive for Group B Strep? _____

Do you have any disease, infection, etc. that is transmittable through bodily fluids? _____

Do you have a history of trauma or abuse? Yes _____ No _____ Not sure _____

Comments _____

Have you **ever** had a biopsy or any other procedure on your cervix? _____

What else would you like me to know about your history, hopes, dreams, fears, strengths, limitations, etc?

Number of Pregnancies _____ Number of Births _____ Abortions _____ Miscarriages _____

IF YOU'VE GIVEN BIRTH BEFORE:

How much did each of your babies weigh? _____

Were your babies born early, on time, or late? _____

Did you breastfeed? _____ For how long? _____

How long were you in labor with each of your babies? _____

How did your labor(s) begin? _____

Did you have any complications during the labor(s) or after the birth(s)? _____

Older Child/rens Name(s) _____ Age(s) _____

As your birth doula, I want to help you achieve your goals for this exciting time in your life. You can help me do this by by considering the following and sharing this information with me.

Who will be your primary birth partner? _____

What support do you expect from him or her? _____

What do you expect from each other family member or friend who will be present during your labor and/or birth? _____

How would you describe your relationship with your care provider and what do you expect from him/her during your labor and birth? _____

Few women would have the following procedures for no reason. *Assuming that there was a good reason*, how much would each procedure upset you? (On a scale from 1 to 10, 1=least upset and 10=most upset)

Induced Labor	_____	Urinary Catheter	_____
IV During Labor and Birth	_____	Stirrups for Birth	_____
Artificial Rupture of Membranes	_____	Episiotomy	_____
Continuous Fetal Monitoring	_____	Perineal Tear	_____
Internal Monitoring	_____	Narcotic Pain Relief	_____
Pitocin Augmentation	_____	Epidural for Labor	_____
Vacuum Extractor/Forceps	_____	Nitrous Oxide	_____
Cesarean Birth	_____	Pitocin after Birth	_____

Are you planning on refusing (R) or delaying (D) any of the following newborn procedures?

Bath_____ Eye Prophylaxis_____ Vitamin K Shot_____ Hep B Vaccine_____ Circumcision_____

What are your feelings about breastfeeding? _____

Do you have any preconceived feelings, expectations, fears, or other ideas about birth? _____

ABOUT MY SERVICES:

Of course it is impossible to know exactly what you will need from me during your labor, but please let me know if there are any of the following which you do NOT want from me. Remember, you can always change your mind about any of these during labor, as we get to know each other and learn to work together.

Help with breathing and relaxing

Massage/Soothing Touch

Ideas for Comfort and Progress

Help Communicating with the Doctor/Nurses

Support for Your Goals

Remind You of Your Birth Plan

Remind You and/or Your Partner to Eat and Drink

Communicate with Your Family

Take Pictures

Other _____

Specific requests for photos *if possible* _____

Is there anything else you would like to add? Are there any issues that I should know about? Labor can bring up things from the past such as prior pregnancies, miscarriages, adoption, and past traumas.

Where did you hear about Becky? _____