



Family Info CONSULTATION

GUESS DATE

?

MOTHER :

HOME ADDRESS:

MOM'S CELL :

MOM'S EMAIL :

BIRTH WINDOW :

- First time birth's average is 39-42 weeks

PLACE OF BIRTH :

PROVIDER :

PARTNER :

PARTNER CELL :

PARTNER'S EMAIL :

PREVIOUS PREGNANCIES :

DATE:

COMMENTS :

- Any chronic illnesses or past injury that might affect this pregnancy or birth outcome?
{ asthma, diabetes, preeclampsia, pre-term birth }
- Addictions { past or present } that will affect this pregnancy?
- Are there any issues concerning the pregnancy that will help me better understand how I can help you?
- Let's talk about "Coffective" birth planning





WHO WILL BE WITH YOU WHILE YOU ARE IN EARLY & ACTIVE LABOR?

CHAMPION :

ROLE :

LABOR SUPPORT :

ROLE :

BIRTH TEAM :

- This can typically be up to 3 people at a hospital birth
- If your birth is a cesarean only one family member + Doula if asked ahead of time

- How do you usually make yourself comfortable when you are in pain?

- How do you see me helping you throughout labor?

- Is there anything in particular that you hope to experience during labor?

- Is there anything you would like me to know about you in general so that I can better help you? { education, birthing positions, communicating effectively with hospital staff }

- What kind of support will you have after your baby comes home?

- Do you plan to breastfeed your baby?
- Religious Preferences?
pray with you and for you during you labor?

- Dietary preferences or restrictions?

Are there any relationships in your life that make you feel uncomfortable or unsafe?

