## Client Confidentiality Release

I, ______________________________________, at ____________________________
________________________________________________________________(address),
_____________________________ (phone number), give my permission for my doula,
______________________________, to take notes about me, including personal information I choose to disclose to her, and information regarding my labor, birth and postpartum, as well as any information regarding my child/ren. I understand that this information may be used for the purpose of doula certification or recertification and if so, will be shared with the Certification Committee of DONA International. I realize that this information will be shared with the doula that is providing backup support. I also understand that this information could anonymously be used by the DONA International Data Collection Committee for statistical purposes, and that my doula may use this information to provide me with a summary for my own personal use.

Signature: ________________________________________ Date: _________________

*This information is highly personal and is important in serving you individually and preparing fully for your birth. It is kept completely confidential. Feel free to leave anything blank or use a separate page. The information will be shared with the back-up doula, upon your approval. Please return the completed forms before our first scheduled prenatal visit.*

Your Name:________________________ Father/Partner:_________________________

Occupation:________________________ Occupation:___________________________

Names/age of children:______________________________________________________

## General Physical Health

Please describe your past and present overall health and list any chronic illnesses, allergies, medications, previous accidents, surgeries, history of substance use, etc.

## Current Pregnancy Health

Please describe your physical health during this pregnancy so far, any complications or difficulties you have had, pregnancy discomforts or sleeping problems, and negative results of any pregnancy tests. Did you have any infertility or conception treatments?

## General Emotional and Mental Health

Please describe your past and present overall well-being and list any history of depression, anxiety, sleep problems, or adjustment difficulties.

## Current Pregnancy Mental and Emotional Health

How have you felt emotionally during this pregnancy? What are some of the ups and downs? Particular stresses? Anxieties? Unresolved worries or conflicts?

## Hopes and Priorities

What is most important to you about this birth experience? Do you have any hopes or expectations about how the birth will go? How would you define a "good" birth experience?
*Mother:*

*Partner:*

## Fears and Concerns

What concerns you about the labor ahead? Do you hold any fears or self-doubts?
*Mother:*

*Partner:*

## Strengths

*Mother:*
How do you feel about your ability to give birth? What strengths do you already bring to your birth? What helps you to feel powerful? What strengths will you draw on from your partner?

*Partner:*
What strengths do you see in yourself as a support person? Parent? What strengths do you see in her?

## Labor Support

*Mother:*
What are your needs regarding labor support? What feels supportive to you? Which of these are you looking toward your partner for? What ways would you like me to support you?

*Partner:*
What role would you feel most comfortable in providing support? How do you envision us working together? How can I support you? What is the best way for me to make suggestions to you? How will you let me know what you feel or think?

## Pain Management

What do you feel is the best approach for you in dealing with labor pain? Can you share any experiences you have had with pain before?

What are your feelings about the use of pain medications in labor? What would you like me to do if you ask for them?

## Coping Methods

How do you usually react when under pain or stress? What coping methods have you used before? What coping strategies have you learned in your birth class that you think might be most helpful?

## Working as a Team with Staff

What would you like in the way of support from staff? Any particular concerns or needs? How can I be helpful to you regarding our birth team interaction?

### What if Situations

If there are problems or complications, what would your priorities be? Who goes with Mom or baby if they must be separated? What are your needs in the event of the unexpected?

### Cultural Considerations

Tell me about birth in your family-- are there any customs or traditions you would like to incorporate?

### After the Birth

How do you hope to greet your child immediately after birth? Special ceremonies or traditions? What is most important to you in the first few hours? First few days?

### Past Influences

A history of negative life events such as the loss of loved ones, severe injuries or trauma, or experiences of abuse or neglect can greatly impact your emotional needs during labor and birth. If you desire to share any experiences with me so I can better serve you as your doula, please do so here.

## Previous Pregnancies and Births

### Previous Pregnancy Experiences (not ending in birth)

Please list, in order, your previous pregnancy experiences (include miscarriage, abortions, etc). Include what, if any, healing work has been done.

### Previous Birth Experiences

Please list, in order, a description of labor for each of your birth experiences. Include what was helpful and not, what were positive and negative aspects, how did you work as a team, how you were treated by staff. What did you learn from the experiences? What would you like different this time?

### Previous Breastfeeding Experiences

Describe the initiation and early days of breastfeeding. Any problems? Help received? Advice that was and was not helpful? Partner's feelings about the experience? When did you wean and what led to that?

### Previous Postpartum Experiences

Describe your physical recovery and any difficulties. Emotional adjustments? Mood disorders? Care taking of baby? Adapting to mothering or fathering roles? Couple relationship? Bonding with Baby?

## Labor Care Plan

*Please check off any tools for labor that you **do not** want to consider using during your birth.*

- ❑ Scented massage oils/lotions
- ❑ Acupressure
- ❑ Relaxation/visualization techniques
- ❑ Hot packs
- ❑ Cold packs
- ❑ Birth ball
- ❑ Rebozo
- ❑ Baths
- ❑ Showers
- ❑ Food
- ❑ Drinks
- ❑ Fan
- ❑ Music
- ❑ Photography
- ❑ Aromatherapy
- ❑ Massage/touch
  - ❑ Hands
  - ❑ Feet
  - ❑ Face
  - ❑ Back
  - ❑ Hips
  - ❑ Arms

Please share any details regarding your preferences indicated above.