

**Philadelphia Alliance for Labor Support  
Birth Record**

This form should be completed as soon as possible after each experience.

**Due date** / /

**Date of birth** / /

**Doula Name** \_\_\_\_\_

**Client Name** \_\_\_\_\_

**Birth Location** \_\_\_\_\_

**Referral Source** \_\_\_\_\_

- Client Type**       Prenatal       On-call  
**Support for**       Labor only       Labor & Delivery  
                          Labor, Delivery & Postpartum       I did not attend the birth

**If you did not attend the birth, why?**

**Gravity** (# of pregnancies) \_\_\_\_\_      **Parity** (# of births) \_\_\_\_\_      **Client's Age** \_\_\_\_\_

- Client's Racial/Ethnic Group**       African American       Asian  
    Caucasian                       Latina  
    Other \_\_\_\_\_

**Did the Client speak English?**       Yes       No       Limited  
   Client's primary language \_\_\_\_\_

- VBAC?**       Yes       No  
**Insurance**       Public       Private       Unsure

**Prenatal Support**

# of Prenatal Meetings with you \_\_\_\_\_

- Did you help your client develop a birth plan?       Yes       No  
Did your client have a birth plan or preferences list?       Yes       No       Unsure  
Did you provide education on perineal massage?       Yes       No  
Did your client do perineal massage prior to labor?       Yes       No       Unsure  
Did your client want to "go natural?"       Yes       No       Client unsure  
Other prenatal support:

**Labor support measures provided**

- Birth ball       Breathing       Massage       Shower/jacuzzi  
 Family support       Music       Guided imagery       Counter-pressure  
 Warm compress       Cold compress       Assistance w/ pushing  
Other support provided: \_\_\_\_\_

When I arrived, the client was \_\_\_\_\_ cm dilated.  
Who was present during labor/birth:       partner       family       friends

**Total time attended (approximate):** \_\_\_\_\_ hours      (continued on back)

**Medications received**

Before I arrived:     narcotics     epidural     other \_\_\_\_\_  
After I arrived:      narcotics     epidural     other \_\_\_\_\_  
Was pitocin/oxytocin used?     No             Yes  
Why?    induce labor     augment labor

If labor was induced, why?

If used with pain medication, pitocin was used     before     after pain medication.

**Delivery Information**

Attended by             physician     midwife  
Delivery Mode         vaginal delivery  
                               vaginal delivery with forceps  
                               vaginal delivery with vacuum extraction  
                               cesarean section – Reason: \_\_\_\_\_

Delivery Position     lithotomy (on back)  
                               semi-sitting (bed raised to sitting position)  
                               side-lying  
                               squatting  
                               other \_\_\_\_\_

**Feeding Choice**     breast         bottle         undecided  
If breastfeeding, did client initiate in L&D?     Yes             No

**Postpartum Support Provided**

Initiating breastfeeding  
 Breastfeeding support  
 Other \_\_\_\_\_

# of postpartum visits \_\_\_\_\_  
# of postpartum calls \_\_\_\_\_

**Additional notes or comments**