



Post-Natal Data Collection Form

Information gathered here is essential for program development, evaluation, and promotion. Thank you for providing data for continued doula support. Please check response boxes accordingly and write an explanation next to "other" when applicable in provided spaces. Your signature implies to the best of your knowledge, you supplied accurate information.

Participant Information

Name: _____
 DOB: _____
 Pregnancy #: _____
 Birth #: _____

Doula Information:

Name: _____
 Labor Hours: _____
 Zip Code: _____
 Doula Matched Client Cultural Identity? Y/N

Birth Information

Program Type (if any): _____ Is Participant an Immigrant? Y / N Ethnicity: _____

Primary Caregiver:

- OBGYN (MD)
- Family Practice (MD)
- Midwife (CPM/CNM)
- Combination

Place of Birth:

- Home
- Hospital
- Birth Center

Present at Birth:

- Partner
- Doula
- Others:

Pregnancy:

- Normal
- Hypertension
- High Risk
- ECV
- Gestational Diabetes
- Breech > 32 Weeks
- Post > 42 Weeks
- Prem. < 38 Weeks
- Multiples
- Other:

Medications:

- None
- Epidural < 5cm
- Epidural > 5cm
- IV Pain Medications
- Nitrous Oxide
- Other:

Interventions:

- None
- Induction
- Pitocin
- Artificial Rupture of Membranes
- Doppler Auscultation
- Electric Fetal Monitoring
 - Continuous
 - Intermittent
 - Both
- Fetal Scalp Electrode
- Intrauterine Pressure Catheter
- Other:

Method of Birth:

- Natural / Vaginal
- Planned Cesarean Birth
- Forceps / Vacuum
- Unplanned Cesarean Birth
- Vaginal Birth After Cesarean
- Repeat Cesarean

Childbirth Education Classes:

Y / N

Wellness Services:

- Yoga
- Chiropractor
- Acupuncture
- Other:

Infant Birth Outcome:

- Normal
 - Premature
 - Stillbirth
 - Birth Defect:
 - Intensive Care:
 - Other:
- Infant Birth Weight: ___ lbs ___ oz
 Infant Birth Length: _____
 APGAR: ___ 1min ___ 2min
 Breastfeeding: Y / N
 Immediate Skin-to-Skin: Y / N
 Infant with Birthing Parent:
 For < 30 Min after birth
 For > 30 Min after birth
 Labor Length (hours): _____
 Time/Date
 Admitted: _____
 Time/Date of Birth: _____
 Time/Date Discharged: _____



Evaluation of Services

Birth Person's Name: _____ Baby's Date of Birth _____

Hospital or Birth Location, including city and state: _____

Doula's Name: _____

	More Harm Than Good	Neutral	Was a Big Help		
1. Were the techniques suggested by the doula helpful to the birthing person in handling the physical aspects of labor?		1	2	3	4 5
2. Were the techniques used by the doula helpful to the birthing person in handling the emotional aspects of labor?		1	2	3	4 5
3. Were the suggestions of the doula helpful for the partner/or other family members and friends present for the labor?		1	2	3	4 5
4. Overall, how would you evaluate the usefulness of having the doula present?		1	2	3	4 5

5. Do you have any other comments or suggestions?

What was your role?

Doctor Midwife Nurse Other staff

Mother Partner Other family Friend

Your Name (optional): _____

If you have further comments or questions, feel free to contact me at the address printed on the below.

987 Hawthorne Ave E St. Paul MN 55106