Birth Experience Record—Labor Doula

DOULA NAME:					
CLIENT NO:	EDD:	GRAVA:	PARA:	DATE OF BIRTH:	
TIME ARRIVED:		TIME DEPARTED:		_ HOURS PRESENT:	
DELIVERINGCAREO	GIVER		LOCATIO	N	
OTHERS PRESEN	NT/ROLES:				
				DITIONAL PAGES IF NECESSARY):	

Birth Story Cont:								
L&D INTERVENTIONS Induction? (What method):	USED? (IF AP	PLICABLE):	Augmentation? (What kinds):				
Pain Meds? (What kinds):			Other Interventions?:					
Membranes stripped? (Y/N)):		Amniotomy? (Y/N): Chord Traction? (Y/N):					
Vacuum/ Forceps? (Y/N): Fetal Monitoring? (Continuation)	ous/ Intermittent	- Frequency):	Chord Traction?	(1 /1 N):				
Cesarean Birth? (Y/N):		Present in OR? (Y/N):						
IMMEDIATE POST BABY STATS:	<u>'PARTUM</u>							
BABY STATS:								
BIRTH TIME:	BABY'S N	NAME:						
BABY'S SEX:	_WEIGHT:	LENGTH:_	APGARS: (1)(5)				
USED BULB SYRINGE	? D	ELEE?	_AMBUBAG/BVM? _					
MOTHER'S CONDITION	ON:							
PERINEUM:								
BLEEDING:								
EATING/DRINKING:								
OTHER:								
OTTIEIU.								
BABY'S CONDITION:								
MECONIUM:								
NURSING:								
PROBLEMS:								
OTHER:								