



DATA COLLECTION FORM

Place a check in each appropriate box. *Use one form per birth.* Make additional copies as needed.

Doula's Name: _____
Doula's Labor Hours: _____ Labor Length: _____
Mother's Age: _____ Mother's Initials: _____
Pregnancy #: _____ Birth #: _____ Date: _____

REFERRAL SOURCE and PAYMENT:

- PALS Doulas
- Private Pay
- Other

ETHNICITY:

- Asian African American
- Caucasian Hispanic
- Native American
- Other: _____

ATTENDED BY:

- Married, partner present/not present
- Single, accompanied, male or female
- Single, unaccompanied

PLACE OF BIRTH:

- Home Hospital Birth Center

CAREGIVER:

- Midwife
- OB Doctor
- Combination
- Family Practice Doctor

PREGNANCY:

- Normal
- Gestational Diabetes
- Pregnancy Induced Hypertension (PIH)
- Post Date > 42 weeks
- Premature < 37 weeks
- Other: _____

CHILDBIRTH EDUCATION CLASSES:

- Yes No

VAGINAL BIRTH AFTER C-SECTION:

- Successful Attempted

1ST STAGE INTERVENTIONS:

- Induction Method _____
- Artificial Rupture of Membranes _____ cm
- IV or Heplock
- Mom restricted to bed
- Pitocin @ _____ cm
- Monitoring: EFM ___ IUPC ___ FSE ___
- Other: _____

LABOR COMPLICATIONS:

- None
- Meconium present Fetal distress
- Persistent occiput posterior Breech
- Postpartum hemorrhage Hemorrhage
- Retained placenta Lacerations
- Episiotomy

MEDICATIONS:

- None
- Analgesia: _____ @ _____ cm
- Epidural: _____ @ _____ cm
- Other: _____

METHOD OF BIRTH:

- Spontaneous vaginal
- Water birth
- Forceps Vacuum
- Planned cesarean section
- Unexpected cesarean section

COMFORT MEASURES:

- Patterned breathing
- Massage
- Acupressure
- Hydrotherapy
- Verbal encouragement
- Guided imagery/Visualization
- Birth tools: ball, cold/hot packs, etc
- Other: _____

BABY'S OUTCOME:

- Normal
- Birth Weight Premature
- Apgars: _____ Stillbirth
- Breastfed: _____ NICU
- Other: _____

Mail completed form to: PALS Doulas, 2524 16th Ave. S., Suite 207B, Seattle, WA 98144.