

BIRTH RECORD FOR BIRTH COMPANION CLIENT

*Client's Name: _____ Delivery Date: _____

Name(s) of Birth Companion(s) present through Labor and Birth: _____

*Prenatal complications with this pregnancy (type X for no, yes, or unknown)	Yes	No	Unknown
Group B Strep			
Preeclampsia (PIH)			
Gestational Diabetes			
IUGR (Intrauterine Growth Restriction)			
Multiples Pregnancy (e.g. twins)			
Preterm Labor (labor activity <38 wks)			
STIs (including Hep C)			
Drugs (1)			
Alcohol (2)			
Drugs and Alcohol (3)			
Tobacco Smoking			
Other (describe)			

LABOR & DELIVERY

*Name of Location of Birth:			
circle one:	Hospital (0)	Home (1)	Freestanding Birth Center (2)
*Name of Care Provider:			
circle one:	OB (0)	CNM (1)	Family Practice physician (2)
*Any Previous Cesareans?	No (0)	Yes (1)	If Yes, How Many? _____
	TOLAC?	VBAC?	
*Gestation at delivery:	_____ Weeks	_____ Days	
At Admission:	Dilation:	Effacement:	Station:
*Rupture of Membranes:	Spontaneous (0)	Artificial (1)	
Location of Rupture?	Home	Hospital	Car
	Other:		
*Meconium Present?	No (0)	Yes (1)	

LABOR PROGRESSION CHART (for your information)

Time									
Dilatation									
Effacement									
Station									

MEDICAL INTERVENTIONS/PROCEDURES (type X for no, yes, or unknown)

TYPE	NO	YES	UNKNOWN	
*Prostaglandin Gel/Cervidil/Cytotec				
*Pitocin Induction				cms: Time:
*Pitocin Augmentation				cms: Time:
*Epidural Anesthesia				Continuous or Bolus? cms:
*Episiotomy				Degree Extension:
*Cesarean Delivery				Reason:
Intermittent External EFM				
Continuous External EFM				Dilatation:
Internal Fetal Scalp Electrode				
Intrauterine Pressure Catheter				
Medlock/Heplock/IV				
Amnio-infusion				
Analgesic Medication				Drug name: cms:
Other Medication				Drug name: cms:
Other Anesthesia				Type: cms:
Forceps Assisted Delivery				
Vacuum Assisted Delivery				
Tears/Lacerations				Degree(s):
Other Interventions or Procedures				Explain:

BABY INFORMATION

Sex (circle)	Male		Female
*Birth Weight	_____ lbs and _____ oz		Grams _____
1-minute Apgar			
5-minute Apgar			
Were any resuscitative efforts required?	No	Yes	If Yes, Explain:
Immediate transfer to NICU?	No	Yes	If Yes, Explain:
Number of days in NICU			

LENGTH OF LABOR and BIRTH COMPANION(S) SUPPORT

What was the approximate time and length of... (Ask client if you do not know)		
*First Stage? (onset of regular contractions-10 cm)		
*Second Stage? (pushing to birth)		
Were there any complications?	Yes*	No
*If yes, please explain:		
*Does the mother plan to breastfeed?	Yes	No
*Was she able to initiate breastfeeding after the delivery?	Yes	No
*Total time Birth Companions provided support to the client <i>For example: student #1 9 p.m. -1 a.m. (4 hours) student #2 12 a.m. - 2 a.m. (2 hours) Total Time: hours {do not count overlap}</i> <i>[NOTE: In this example, there was 1 hour of overlap by both students. This counts as 1 hour spent with the client, NOT 2 hours. Do not "double count" overlapping hours. This is the total amount of time that support was provided-NOT the number of hours worked by each BC.]</i>	Total time:	

STUDENT SELF-EVALUATION

Client's Name: _____ Delivery Date: _____

Birth Companion's Name(s) _____

*How many prenatal classes did your client attend? _____

*Who else was with your client providing support during the birth (besides you, the Birth Companion)?

No one (0) One or more (1)

_____ Partner/Spouse/Parent of *Baby* _____ Mother _____ Sibling _____ Friend _____ Other: _____

*Please check all the services that **you** provided as the Birth Companion for your client during the Labor and Birth:

- | | |
|--|---|
| <input type="checkbox"/> massage | <input type="checkbox"/> discussed options for mother |
| <input type="checkbox"/> shower/bath | <input type="checkbox"/> cold/hot packs |
| <input type="checkbox"/> water/juice | <input type="checkbox"/> counter pressure |
| <input type="checkbox"/> position/changes | <input type="checkbox"/> breathing techniques |
| <input type="checkbox"/> eye contact | <input type="checkbox"/> followed wishes of mother |
| <input type="checkbox"/> took photos | <input type="checkbox"/> answered questions |
| <input type="checkbox"/> eased fears | <input type="checkbox"/> double hip squeeze |
| <input type="checkbox"/> verbal encouragement | <input type="checkbox"/> knee press |
| <input type="checkbox"/> continuous presence | <input type="checkbox"/> stomp-squat |
| <input type="checkbox"/> included other support people | <input type="checkbox"/> ambulation |
| <input type="checkbox"/> helped partner/spouse/boyfriend | <input type="checkbox"/> labor ball |
| <input type="checkbox"/> reinforced birth ritual | <input type="checkbox"/> other |

*What services do you feel helped the client the most? (pick top three, in order, from above list)

1. _____ 2. _____ 3. _____

*Any of your services that you felt the client did not like? If so, please explain:

Prenatal Visits:

*Were you able to have a prenatal visit(s) with your client? How many? 0 1 2 (more) _____

Where did you meet? _____

What was the major focus of the visit(s)? _____

Did you refer your client to any services/resources? Yes No

What were they? _____

Postpartum Visits

*Were you able to make a postpartum visit with your client? Yes No

*When was it? No visit (0) < 7 days postpartum (1) < 14 days postpartum (2) < 15 days postpartum (3)

Where was the visit held? _____

*Did she access/follow up on any of the resources you offered in your prenatal visit? Yes No
If yes, which? WIC Breastfeeding Support KISS Others (specify) _____

If no, why not? _____

*Did she try to breastfeed immediately after the delivery? Yes No

*From your perspective, as the Birth Companion, please select the number which most closely reflects your opinion:

	More harm than good		Neither helped nor hurt		Was a big help
1. Were the techniques suggested by the Birth Companion helpful to the client in handling the physical aspects of the labor?	1	2	3	4	5
2. Were the techniques suggested by the Birth Companion helpful to the client in handling the emotional aspects of the labor?	1	2	3	4	5
3. Were the suggestions of the Birth Companion helpful for the partner and/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 Birth Companion present?	1	2	3	4	5