

# *BTB* Parent Information

Please complete this questionnaire and return it with the Belly to Babies Doula Care Contract. We will meet in your home to review your history and preferences.

## **MOTHER:**

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Your birth weight \_\_\_\_\_

## **PARTNER:**

Name \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Birth Weight of Baby's Father \_\_\_\_\_

## **PROVIDER:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Regularly Scheduled Visits \_\_\_\_\_

Birth Facility \_\_\_\_\_

## **OTHER:**

Due Date \_\_\_\_\_ Sex of baby \_\_\_\_\_ Name of baby \_\_\_\_\_

Location of childbirth class \_\_\_\_\_ Date \_\_\_\_\_

Have you taken a breastfeeding course? \_\_\_\_\_ Will you breastfeed? \_\_\_\_\_

Are you enrolled in prenatal yoga or exercise classes? \_\_\_\_\_

Average hours you sleep at night \_\_\_\_\_ Daily rests or naps? \_\_\_\_\_

Please list any information regarding your mother's labors (time and length): \_\_\_\_\_

\_\_\_\_\_

How have you felt with this pregnancy? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

People who might attend your birth:

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Name	Relationship
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Name	Relationship
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Name	Relationship
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**Your health can have an impact on labor:**

No. of pregnancies \_\_\_\_\_ No. of births \_\_\_\_\_ Abortions \_\_\_\_\_ Miscarriages \_\_\_\_\_

Do you have herpes? \_\_\_\_\_ Did you test positive for Group B Strep? \_\_\_\_\_

Any other test results or cervical procedures? \_\_\_\_\_

For your information, I will ask you if you have ever been physically or sexually abused.

What else would you like me to know about your fears, history, limitations or wishes?

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What are your expectations regarding my role at your birth? \_\_\_\_\_

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**If you have given birth before, please answer:**

Older Children:

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Name/Age/Weight at birth	Name/Age/Weight at birth
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Were you babies born early, on time, or late? \_\_\_\_\_ Did you breastfeed? \_\_\_\_\_

How did your labors begin? \_\_\_\_\_

How long were you in labor for each of your babies? \_\_\_\_\_

Did you have complications during or after the births? \_\_\_\_\_

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What did you like or dislike about your previous births? \_\_\_\_\_

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