Doula Experience Record

To be completed after each experience with a laboring woman.
Please fill out as completely as possible, and put in the envelope in the doula mailbox.

Date:_____

Doula's name:_____

Client Name_____
Client B Number_____

Woman attended for: ____ labor only ____ labor & birth ____ labor, birth & postpartum

Mother's gravity/parity: G____ P____ Mother's age: _____

Mother's ethnic group: ____ African American ____ Asian ____ Caucasian ____ Latina

____Other:_____

Mother spoke English? ____ Yes ____ Yes, but limited ____ No

What was her primary language? _____

Had woman had a prior c-section? ____ Yes ____ No

When I arrived, woman was ____ centimeters dilated.

Support measures I provided: ____ massage ____ breathing techniques

____ support/instruction to partner/family ____ other:_____

Pain medications received:

before I arrived: ____ narcotics ____ epidural ____ other:_____

after I arrived: ____ narcotics ____ epidural ____ other:_____