

## CLIENT CONSENT AND HIPAA GUIDELINES

DONA International certification candidates have always been required to get their clients' consent and signatures for release of information in order to use those labor and postpartum support experiences for certification purposes. Increasingly, DONA International has become aware of instances where doulas (whether certification candidates or not) were not allowed in their clients' rooms for exams or the taking of vital signs and were not allowed to be with their clients during triage, citing Health Insurance Portability and Accountability Act (HIPAA) regulations. The interpretation of HIPAA guidelines and its everyday use vary widely and in a range of ways.

While doulas are not medical care providers, they do gather some personal and health information from their clients to be able to fully serve them. While the permission to have that information may be implied by having hired the doula, and the information may be shared voluntarily, DONA International feels it best to recommend that ALL doulas have their clients sign the *Client Confidentiality Release Form*. In the spirit of being fully compliant with the HIPAA guidelines, DONA International is recommending that the Release Form be signed **before** taking notes about any client. Clients should receive a copy of the form they signed, in a language they understand, and the doula should have the original signed Release Form with her/him at the labor and birth in order to show that s/he is indeed complying with the HIPAA regulations, if questioned. Use the DONA International *Client Confidentiality Release Form* with all clients.

DONA International is not aware of any legal challenges against doulas at this point. DONA International has always stressed confidentiality of any personal information. While all DONA International members and doulas are bound by the DONA International Code of Ethics, HIPAA requires a consent signature *from the person whose information is being collected*.

DONA International has developed this form to allow ALL doulas, whether they are uncertified, certification candidates or DONA certified, to be in compliance with these regulations. DONA International also hopes that it will raise awareness among all doulas about the importance of confidentiality in all instances and in all forums.

While HIPAA is a law only in the United States, all doula clients have the right to privacy and confidentiality and have the right to know what their doulas will do with the information they gather and become aware of during the course of their work.

**DONA International requires the client's signature for all certifying support experiences, and very strongly recommends that ALL doulas address this issue, discuss it with their clients, and receive each of their client's signatures prior to taking any kind of notes.**

## Client Confidentiality Release Form

Due to current confidentiality regulations, all doulas should have a signed release form from their client **before** taking any notes about the client or the client's labor, birth or postpartum. The best way to be fully compliant would be to get this release signed at the first prenatal visit, or upon first meeting and joining the client.

Certification candidates should have this form signed before taking any notes. The client should receive a copy of the signed form, and the doula should have the original signed form with her/him at all times to be able to show that s/he is indeed complying with confidentiality regulations, if questioned. **Confidentiality of medical and personal information obtained during the course of the doula's work is of the utmost importance.** Failure to comply with these confidentiality regulations could result in penalties.

I, \_\_\_\_\_, at \_\_\_\_\_

(Client)

(Address)

\_\_\_\_\_, \_\_\_\_\_

(Phone Number)

give permission for my doula, \_\_\_\_\_, to take notes about me,

(Doula's Name)

including personal information I choose to disclose, and information regarding my labor, birth and postpartum, as well as any information regarding my child/ren. I understand that this information may be used for the purpose of doula certification and will be shared with the Certification Committee of DONA International. I realize that this information will be shared with the doula that is providing backup support. I also understand that this information will anonymously be used by the DONA International Data Collection Committee for statistical purposes and that my doula may use this information to provide me with a summary for my own personal use.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Evaluation of Labor Support Services

Birth Person's Name \_\_\_\_\_

Baby(ies)'s Date of Birth \_\_\_\_\_

Hospital or Birth Location, including City and State/Province \_\_\_\_\_

Doula's Name \_\_\_\_\_

DONA International would appreciate your taking a moment to evaluate your perception of the doula's role.

Complete this form only if you have been able to observe and interact with the doula during the labor and birth repeatedly and/or over a period of time.

**Please circle the number which most closely reflects your opinion of her contribution.**

	More harm than good	Neither helped nor hurt	Was a big help		
1. Were the techniques suggested by the doula helpful to the birthing person in handling the physical aspects of her labor/birth?	1	2	3	4	5
2. Were the techniques used by the doula helpful to the birthing person in handling the emotional aspects of her labor/birth?	1	2	3	4	5
3. Were the suggestions of the doula helpful for the partner and/or other family members and friends present for the labor/birth?	1	2	3	4	5
4. Overall, how would you evaluate the usefulness of having the doula present?	1	2	3	4	5

5. Do you have any other comments or suggestions?

What was your role?

- Birthing Person     
  Doctor     
  Midwife     
  Nurse

Your Name (optional) \_\_\_\_\_

Thank you very much for taking the time to complete this evaluation. Please return it to the doula so that it may be used for certification purposes.

If you have further comments or questions, feel free to contact us at the address printed on the letterhead.

**Doula's address** \_\_\_\_\_

## BIRTH DOULA SUPPORT RECORD SHEETS FOR A VAGINAL BIRTH

✂ To complete DONA International certification, you must attend a DONA approved birth doula workshop and purchase a Birth Doula Certification Packet that provides all the necessary forms and directions **prior to any support experiences** you plan to use for certification.

**INCLUDE A SIGNED COPY OF THE CLIENT CONFIDENTIALITY RELEASE FORM WITH THIS DOCUMENT**

### CLIENT PROFILE and HISTORY

Client's Name \_\_\_\_\_ Age \_\_\_\_\_ Ethnicity \_\_\_\_\_ Name(s) and Relationship(s) of all other member(s) of the labor support team \_\_\_\_\_

Prenatal Status: # of births \_\_\_\_\_ # of pregnancies \_\_\_\_\_ # of living children \_\_\_\_\_

Planned VBAC? Yes / No # of Previous Cesareans \_\_\_\_\_ # of Previous Vaginal Births/VBACs \_\_\_\_\_

Place of Birth: Hospital \_\_\_\_\_ Home \_\_\_\_\_ Freestanding Birth Center \_\_\_\_\_ Other (explain) \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_

Care Provider: OB \_\_\_\_\_ Midwife (CPM, CNM, LM) \_\_\_\_\_ Family Practice MD \_\_\_\_\_ Other (explain) \_\_\_\_\_

Client's key wishes for care options for labor, birth and immediate postpartum:

### Labor and Birth

**Provide answers for the following, to the best of your knowledge. If you do not know, indicate N/A.**

Weeks' gestation at time of birth \_\_\_\_\_ Date/time ctx began \_\_\_\_\_

Date/time ctx were approximately 5 minutes apart \_\_\_\_\_

Date/time of first VE (just prior to or during labor) \_\_\_\_\_ Dilation/effacement/station at that time \_\_\_\_\_

Date/time of approx. start of active labor, as perceived by client \_\_\_\_\_ as observed by doula \_\_\_\_\_

Briefly describe your observations:

Approx. length of 1<sup>st</sup> stage (onset of progressing ctx to 10 cm) \_\_\_\_\_

Approx. length of 2<sup>nd</sup> stage (pushing to birth) \_\_\_\_\_

Approx. length of 3<sup>rd</sup> stage (delivery of placenta) \_\_\_\_\_ Were there any 3<sup>rd</sup> stage complications? Yes / No

If yes, please explain:

Did the birthing person hold the baby after the birth? Yes / No If yes, how soon after birth? \_\_\_\_\_ For how long? \_\_\_\_\_

Did the birthing person hold the baby skin-to-skin? Yes / No If yes, how soon after birth? \_\_\_\_\_ For how long? \_\_\_\_\_

Did the birthing person breastfeed? Yes / No If yes, how soon after birth? \_\_\_\_\_ For how long? \_\_\_\_\_

Doula's name \_\_\_\_\_ Client's name: \_\_\_\_\_

(Abbreviations: Caregiver = CG, client = cl, partner = ptrn, hospital = hosp, birth center = bc, midwife = MW, N/A = not applicable or not available, obstetrician = OB, family physician = FP, contractions = ctx, rupture of membranes = ROM, vaginal exam = VE, vaginal birth after cesarean = VBAC.)

Describe the first breastfeeding (ex: unrushed, baby-led, directed by caregiver, nurse or doula – by holding the breast, pressing the baby’s mouth to the nipple, etc.):

**Date/time doula arrived for continuous in-person support** \_\_\_\_\_ **Date/time doula departed after birth** \_\_\_\_\_  
**Total length of continuous labor/birth support** \_\_\_\_\_ **Length of immediate postpartum support** \_\_\_\_\_  
**Total length of time the doula spent in continuous attendance** \_\_\_\_\_

**Doula’s Notes**

- Please list and describe at least ten (10) key events (comfort measures, changes in progress, client’s feelings and actions, coping), the client’s reaction, and your response or assessment (what you thought, felt, did).
- Include items relating to early and active labor, second and third stage, verbal information, encouragement, medications, interventions, caregiver actions, labor variations or complications, tests and procedures.
- Include at least two (2) entries in each section, as applicable, and be sure to include all necessary information and key events for the reviewer to get an accurate sense of this labor and birth.
- Feel free to add additional notes for any section on a separate piece of paper, clearly indicating the section, and using the same format.
- Use the common abbreviations listed in the footer.
- Sample entries for each section are given in italics.

**Prenatal Meeting(s) and Contact**

<b>Date &amp; Time</b>	<b>Event</b>	<b>Clients’ Reactions</b>	<b>Caregiver action/statement</b>	<b>Doula’s response/assessment</b>
5/15/14 4 pm – 5:30pm	Meet at cl’s home for 1 <sup>st</sup> prenatal	<i>Cl is nervous about recognizing labor and leaving in time; ptnr. is nervous that s/he will not remember how to help her</i>	<i>MW instructed her to come after ctx are in 5-1-1 pattern</i>	<i>Reviewed how to time ctx, and helped cl plan possible activities for early labor; practiced w/ptnr some comfort measures</i>

**Doula’s name** \_\_\_\_\_ **Client’s name:** \_\_\_\_\_

(Abbreviations: Caregiver = CG, client = cl, partner = ptnr, hospital = hosp, birth center = bc, midwife = MW, N/A = not applicable or not available, obstetrician = OB, family physician = FP, contractions = ctx, rupture of membranes = ROM, vaginal exam = VE, vaginal birth after cesarean = VBAC.)

**Pre Labor and Before Doula's Arrival**

Date & Time	Event	Clients' Reactions	Caregiver action/statement	Doula's response/assessment
6/1/14 10pm	Call from cl; ROM at home 10 min ago. No ctx	Excited, scared, "Should we go to hospital?" Ptnr anxious to go.	CG said to wait for ctx & call back @ 8am	Shared excitement, asked how she feels, & if she can relax. Remind her to try & rest. Review when to go to hosp. Doula tried to sleep.

**After Doula's Arrival to Second Stage**

Date & Time	Event	Clients' Reactions (include reactions & needs of other members of the support team)	Caregiver action/statement	Doula's response/assessment
6/2/14 2am	Call from client, ctx started at 12am, now at 5-1-1	Losing confidence; tense tired ptnr; both want to sleep. After talking with doula, they decide to go to hosp.	n/a	Discussed options: I could come to home or meet you at hosp.

Doula's name \_\_\_\_\_ Client's name: \_\_\_\_\_

(Abbreviations: Caregiver = CG, client = cl, partner = ptnr, hospital = hosp, birth center = bc, midwife = MW, N/A = not applicable or not available, obstetrician = OB, family physician = FP, contractions = ctx, rupture of membranes = ROM, vaginal exam = VE, vaginal birth after cesarean = VBAC.)

**Second Stage to Birth**

Time	Event	Clients' Reactions	Caregiver action/statement	Doula's response/assessment
6/2/14 2pm	6/2/14 2am	Excited, wants advice on what to do. Ptnr encouraging, holding her	Nurse wants to check progress on bed: 10cm! Tells client to push with urge	Reassured her; reminded her to relax perineum; complimented cl on pushing. Encouraged ptnr to help w/position. Taking photos.

**Third Stage – Birth of Placenta**

Time	Event	Clients' Reactions	Caregiver action/statement	Doula's response/assessment
5:15pm	6/2/14 2am	Cl gave small push when directed by MW Both parents ecstatic after birth; tears of joy	Gentle pulling on cord. Delivered intact. Gave shot of Oxytocin in thigh	Attended to cl; helped cl to a position to see and hold baby; kept eye on MW's reaction to placenta.

**Fourth Stage – First Hour or Two After Birth**

Time	Event	Clients' Reactions	Caregiver action/statement	Doula's response/assessment
6/2/14 5:35pm	6/2/14 2am	Cl asks: "Do you think he wants to nurse?" Amazed at how alert and calm baby is. Ptnr already on the phone!	Nurse helps latch baby, doesn't ask before touching cl's breast, doesn't use baby-led approach.	Frustrated that nurse assumed cl wanted help; encouraged cl with elements of good latch: big mouth, flared lips; showed partner what to look for.

Doula's name \_\_\_\_\_ Client's name: \_\_\_\_\_

(Abbreviations: Caregiver = CG, client = cl, partner = ptnr, hospital = hosp, birth center = bc, midwife = MW, N/A = not applicable or not available, obstetrician = OB, family physician = FP, contractions = ctx, rupture of membranes = ROM, vaginal exam = VE, vaginal birth after cesarean = VBAC.)

**Postpartum Contact (Remote and In-Person)**

Time	Event	Clients' Reactions	Caregiver action/statement	Doula's response/assessment
6/8/14 10a-12p	Home visit, baby sleeping	Very happy but getting little sleep; ptnr back at work already. Cl seems proud of birth experience & satisfied with care. Wants baby to wake up to show him off!	At pediatric visit baby was back to birth weight, all well with baby. Postpartum MW appointment next wk.	Reviewed birth, shared positive comments. Gave her my birth notes & photos. Referred to local birthing/baby group.

**Baby Information**

Date of birth \_\_\_\_\_ Time of birth \_\_\_\_\_ Weight \_\_\_\_\_ Length \_\_\_\_\_ APGAR: 1 min \_\_\_\_\_ 5 min \_\_\_\_\_

Any immediate health issues or concerns with the birthing person? Yes / No If yes, explain:

Any immediate health issues or concerns with the baby? Yes / No If yes, explain:

Transfer to intermediate care or intensive care? Yes / No If yes, explain:

Describe the client's emotional journey throughout this entire experience:

Describe your interactions with, and support of, other members of the support team:

Describe what you learned from this support experience:

Doula's name \_\_\_\_\_ Client's name: \_\_\_\_\_

(Abbreviations: Caregiver = CG, client = cl, partner = ptnr, hospital = hosp, birth center = bc, midwife = MW, N/A = not applicable or not available, obstetrician = OB, family physician = FP, contractions = ctx, rupture of membranes = ROM, vaginal exam = VE, vaginal birth after cesarean = VBAC.)



## BIRTH DOULA SUPPORT RECORD SHEETS FOR AN UNPLANNED INTRAPARTUM CESAREAN BIRTH – FOLLOWING LABOR

✂ To complete DONA International certification, you must attend a DONA approved birth doula workshop and purchase a Birth Doula Certification Packet that provides all the necessary forms and directions **prior to any support experiences** you plan to use for certification.

**INCLUDE A SIGNED COPY OF THE CLIENT CONFIDENTIALITY RELEASE FORM WITH THIS DOCUMENT**

### CLIENT PROFILE and HISTORY

Client's Name \_\_\_\_\_ Age \_\_\_\_\_ Ethnicity \_\_\_\_\_ Name(s) and Relationship(s) of all other member(s) of the labor support team \_\_\_\_\_

Prenatal Status: # of births \_\_\_\_\_ # of pregnancies \_\_\_\_\_ # of living children \_\_\_\_\_

Planned VBAC? Yes / No # of Previous Cesareans \_\_\_\_\_ # of Previous Vaginal Births/VBACs \_\_\_\_\_

Place of Birth: Hospital \_\_\_\_\_ Home \_\_\_\_\_ Freestanding Birth Center \_\_\_\_\_ Other (explain) \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_

Care Provider: OB \_\_\_\_\_ Midwife (CPM, CNM, LM) \_\_\_\_\_ Family Practice MD \_\_\_\_\_ Other (explain) \_\_\_\_\_

Client's key wishes for care options for labor, birth and immediate postpartum:

Only one (1) cesarean birth may be submitted for certification. Use this form only if your client experienced labor and you provided in-person labor support prior to the cesarean.

### Labor & Birth

**Provide answers for the following, to the best of your knowledge. If you do not know, indicate N/A.**

Weeks' gestation at time of birth \_\_\_\_\_ Date/time ctx began \_\_\_\_\_

Date/time ctx were approximately 5 minutes apart \_\_\_\_\_

Date/time of first VE (just prior to or during labor) \_\_\_\_\_ Dilation/effacement/station at that time \_\_\_\_\_

Date/time of approx. start of active labor, as perceived by client \_\_\_\_\_ as observed by doula \_\_\_\_\_

Briefly describe your observations:

Approx. length of 1<sup>st</sup> stage (onset of progressing ctx to 10 cm) \_\_\_\_\_ Approx. length of 2<sup>nd</sup> stage (pushing) \_\_\_\_\_

Approx. length of surgery \_\_\_\_\_ Were there any complications during or following the surgery? Yes / No

If yes, please explain:

Did the birthing person hold the baby after the birth? Yes / No If yes, how soon after birth? \_\_\_\_\_ For how long? \_\_\_\_\_

Did the birthing person hold the baby skin-to-skin? Yes / No If yes, how soon after birth? \_\_\_\_\_ For how long? \_\_\_\_\_

Did the birthing person breastfeed? Yes / No If yes, how soon after birth? \_\_\_\_\_ For how long? \_\_\_\_\_

Doula's name \_\_\_\_\_ Client's name: \_\_\_\_\_

(Abbreviations: Caregiver = CG, client = cl, partner = ptr, hospital = hosp, birth center = bc, midwife = MW, N/A = not applicable or not available, obstetrician = OB, family physician = FP, contractions = ctx, rupture of membranes = ROM, vaginal exam = VE, vaginal birth after cesarean = VBAC, cesarean = c/s, operating room = OR.)

Describe the first breastfeeding (ex: unrushed, baby-led, directed by caregiver, nurse or doula – by holding the breast, pressing the baby’s mouth to the nipple, etc.):

**Date/time doula arrived for continuous in-person support** \_\_\_\_\_ **Date/time doula departed after birth** \_\_\_\_\_  
**Total length of continuous labor/birth support** \_\_\_\_\_ **Length of immediate postpartum support** \_\_\_\_\_  
**Total length of time the doula spent in continuous attendance** \_\_\_\_\_

**Doula’s Notes**

- Please list and describe at least ten (10) key events (comfort measures, changes in progress, client’s feelings and actions, coping), the client’s reaction and your response or assessment (what you thought, felt, did).
- Include items relating to early and active labor and second stage (if applicable), verbal information, encouragement, medications, interventions, caregiver actions, labor variations or complications, tests and procedures.
- Include at least two (2) entries in each section, as applicable, and be sure to include all necessary information and key events for the reviewer to get an accurate sense of this labor and birth.
- Feel free to add additional notes for any section on a separate piece of paper, clearly indicating the section, and using the same format.
- Use the common abbreviations listed in the footer.
- Sample entries for each section are given in italics.

**Prenatal Meeting(s) & Contact**

<b>Date &amp; Time</b>	<b>Event</b>	<b>Clients’ Reactions</b>	<b>Caregiver action/statement</b>	<b>Doula’s response/assessment</b>
<i>5/15/14 4 pm – 5:30pm</i>	<i>Meet at cl’s home for 1<sup>st</sup> prenatal</i>	<i>Cl is nervous about recognizing labor and leaving in time; ptnr. is nervous that s/he will not remember how to help her</i>	<i>MW instructed her to come after ctx are in 5-1-1 pattern</i>	<i>Reviewed how to time ctx, and helped cl plan possible activities for early labor; practiced w/ptnr some comfort measures</i>

**Doula’s name** \_\_\_\_\_ **Client’s name:** \_\_\_\_\_

(Abbreviations: Caregiver = CG, client = cl, partner = ptnr, hospital = hosp, birth center = bc, midwife = MW, N/A = not applicable or not available, obstetrician = OB, family physician = FP, contractions = ctx, rupture of membranes = ROM, vaginal exam = VE, vaginal birth after cesarean = VBAC, cesarean = c/s, operating room = OR.)

**Pre Labor and Before Doula's Arrival**

Date & Time	Event	Clients' Reactions	Caregiver action/statement	Doula's response/assessment
6/1/14 10pm	Call from cl; ROM at home 10 min ago. No ctx	Excited, scared, "Should we go to hospital?" Ptnr anxious to go.	CG said to wait for ctx & call back @ 8am	Shared excitement, asked how she feels, & if she can relax. Remind her to try & rest. Review when to go to hosp. Doula tried to sleep.

**After Doula's Arrival Until Cesarean**

Date & Time	Event	Clients' Reactions (include reactions and needs of other members of the support team)	Caregiver action/statement	Doula's response/assessment
6/2/14 2am	Call from client, ctx started at 12am, now at 5-1-1	Losing confidence; tense tired ptnr; both want to sleep. After talking with doula, they decide to go to hosp.	N/A	Discussed options: I could come to home or meet you at hosp.

Doula's name \_\_\_\_\_ Client's name: \_\_\_\_\_

(Abbreviations: Caregiver = CG, client = cl, partner = ptnr, hospital = hosp, birth center = bc, midwife = MW, N/A = not applicable or not available, obstetrician = OB, family physician = FP, contractions = ctx, rupture of membranes = ROM, vaginal exam = VE, vaginal birth after cesarean = VBAC, cesarean = c/s, operating room = OR.)

**During Surgery, Cesarean Birth and Delivery of Placenta**

<b>Date &amp; Time</b>	<b>Event</b>	<b>Clients' Reactions (include reactions and needs of other members of the support team)</b>	<b>Caregiver action/statement</b>	<b>Doula's response/assessment</b>
6/2/14 4:12pm	Cl received epidural, is in the OR, prepared for surgery	very nervous, but also excited; Ptnr very worried about health of mom & baby, and about passing out	OB explaining the next steps, what to expect, and where ptnr and doula are to be stationed during surgery; asks for stool for ptnr.	Reassured cl that I will stay with her and report; kept my hand on her shoulder; made sure ptnr could sit next to her and see her face

**Immediate Postpartum Period – First Couple of Hours after Birth**

<b>Date &amp; Time</b>	<b>Event</b>	<b>Clients' Reactions</b>	<b>Caregiver action/statement</b>	<b>Doula's response/assessment</b>
6/2/14 5:35pm	Baby shows signs of readiness for nursing	Cl asks: "Do you think he wants to nurse?" Amazed at how alert and calm baby is. ptnr on the phone!	Nurse helps latch baby, doesn't ask before touching cl's breast, doesn't use baby-led approach.	Frustrated that nurse assumed cl wanted help; encouraged cl with elements of good latch: big mouth, flared lips; showed partner what to look for.

Doula's name \_\_\_\_\_ Client's name: \_\_\_\_\_

(Abbreviations: Caregiver = CG, client = cl, partner = ptnr, hospital = hosp, birth center = bc, midwife = MW, N/A = not applicable or not available, obstetrician = OB, family physician = FP, contractions = ctx, rupture of membranes = ROM, vaginal exam = VE, vaginal birth after cesarean = VBAC, cesarean = c/s, operating room = OR.)

**Postpartum Contact (Remote and In-Person)**

Date & Time	Event	Clients' Reactions	Caregiver action/statement	Doula's response/assessment
6/8/14 10a-12p	Home visit, baby sleeping	Very happy but getting little sleep; ptnr back at work already. Seems proud of birth experience & satisfied with care. Wants baby to wake up to show him off!	At pediatric visit baby was back to birth weight, all well with baby. Postpartum MW appointment next wk.	Reviewed birth, shared positive comments. Gave her my birth notes & photos. Referral to local birthing/baby group.

**Baby Information**

Date of birth \_\_\_\_\_ Time of birth \_\_\_\_\_ Weight \_\_\_\_\_ Length \_\_\_\_\_ APGAR: 1 min \_\_\_\_\_ 5 min \_\_\_\_\_

Any immediate health issues or concerns with the birthing person? Yes / No If yes, explain:

Any immediate health issues or concerns with the baby? Yes / No If yes, explain:

Transfer to intermediate care or intensive care? Yes / No If yes, explain:

Describe the client's emotional journey throughout this entire experience:

Describe your interactions with, and support of, other members of the support team:

Describe what you learned from this support experience:

Doula's name \_\_\_\_\_ Client's name: \_\_\_\_\_

(Abbreviations: Caregiver = CG, client = cl, partner = ptnr, hospital = hosp, birth center = bc, midwife = MW, N/A = not applicable or not available, obstetrician = OB, family physician = FP, contractions = ctx, rupture of membranes = ROM, vaginal exam = VE, vaginal birth after cesarean = VBAC, cesarean = c/s, operating room = OR.)

## BIRTH DOULA SUPPORT RECORD SHEETS FOR A PLANNED CESAREAN BIRTH WITHOUT LABOR

✂ To complete DONA International certification, you must attend a DONA approved birth doula workshop and purchase a Birth Doula Certification Packet that provides all the necessary forms and directions **prior to any support experiences** you plan to use for certification.

**INCLUDE A SIGNED COPY OF THE CLIENT CONFIDENTIALITY RELEASE FORM WITH THIS DOCUMENT**

### CLIENT PROFILE and HISTORY

Client's Name \_\_\_\_\_ Age \_\_\_\_\_ Ethnicity \_\_\_\_\_ Name(s) and Relationship(s) of all other member(s) of the labor support team \_\_\_\_\_

Prenatal Status: # of births \_\_\_\_\_ # of pregnancies \_\_\_\_\_ # of living children \_\_\_\_\_

Planned VBAC? Yes / No # of Previous Cesareans \_\_\_\_\_ # of Previous Vaginal Births/VBACs \_\_\_\_\_

Place of Birth: Hospital \_\_\_\_\_ Home \_\_\_\_\_ Freestanding Birth Center \_\_\_\_\_ Other (explain) \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_

Care Provider: OB \_\_\_\_\_ Midwife (CPM, CNM, LM) \_\_\_\_\_ Family Practice MD \_\_\_\_\_ Other (explain) \_\_\_\_\_

Client's key wishes for care options for labor, birth and immediate postpartum:

Only one (1) cesarean birth may be submitted for certification. If there was no labor, or you were unable to provide in-person labor support prior to the cesarean, you need to have provided in-person support inside the operating room, during the entire cesarean birth and surgery, in addition to before and after the surgery, in order for it to qualify for certification.

### Pre-Birth and Birth

**Provide answers for the following, to the best of your knowledge. If you do not know, indicate N/A.**

Weeks' gestation at time of cesarean birth \_\_\_\_\_

Was the cesarean planned to take place before labor began? Yes / No What was the reason for the cesarean? \_\_\_\_\_

Date/time of VE (at last prenatal or prior to surgery) \_\_\_\_\_ Dilation/effacement/station at that time \_\_\_\_\_

Scheduled date/time of planned cesarean \_\_\_\_\_ Actual date/ time at start of surgery \_\_\_\_\_

Approx. length of surgery \_\_\_\_\_ Were there any complications during or following the surgery? Yes / No

If yes, please explain:

Did the birthing person hold the baby after the birth? Yes / No If yes, how soon after birth? \_\_\_\_\_ For how long? \_\_\_\_\_

Did the birthing person hold the baby skin-to-skin? Yes / No If yes, how soon after birth? \_\_\_\_\_ For how long? \_\_\_\_\_

Did the birthing person breastfeed? Yes / No If yes, how soon after birth? \_\_\_\_\_ For how long? \_\_\_\_\_

Doula's name \_\_\_\_\_ Client's name: \_\_\_\_\_

(Abbreviations: Caregiver = CG, client = cl, partner = ptnr, hospital = hosp, birth center = bc, midwife = MW, obstetrician = OB, not applicable or not available = N/A, family physician = FP, contractions = ctx, rupture of membranes = ROM, vaginal exam = VE, vaginal birth after cesarean = VBAC, cesarean = c/s, operating room = OR.)

Describe the first breastfeeding (ex: unrushed, baby-led, directed by caregiver, nurse or doula – by holding the breast, pressing the baby’s mouth to the nipple, etc.):

Date/time doula arrived for continuous in-person support \_\_\_\_\_ Date/time doula departed after birth \_\_\_\_\_

Total length of continuous birth support \_\_\_\_\_ Length of immediate postpartum support \_\_\_\_\_

Total length of time the doula spent in continuous attendance \_\_\_\_\_

**Doula’s Notes**

- Please list and describe at least ten (10) key events (comfort measures, client’s feelings and actions, coping), the client’s reactions, and your response or assessment (what you thought, felt, did).
- Include items relating to verbal information, encouragement, medications, interventions, caregiver actions, variations or complications, tests and procedures.
- Include at least two (2) entries in each section, and be sure to include all necessary information and key events for the reviewer to get an accurate sense of this planned cesarean birth.
- Feel free to add additional notes for any section on a separate piece of paper, clearly indicating the section, and using the same format.
- Use the common abbreviations listed in the footer.
- Sample entries are given in italics below.

**Prenatal Meeting(s) and Contact**

Date & Time	Event	Clients’ Reactions	Caregiver action/statement	Doula’s response/assessment
5/15/14 4 pm – 5:30pm	Meet at cl’s home for 1 <sup>st</sup> prenatal	<i>Cl is sad about not having vaginal birth, and worried about ctx starting before scheduled c/s; ptnr nervous about surgery</i>	<i>OB instructed her to call immediately if labor starts</i>	<i>Listened to cl; reviewed how to recognize ctx, shared info about family centered c/s, and what to expect during surgery</i>

Doula’s name \_\_\_\_\_ Client’s name: \_\_\_\_\_

(Abbreviations: Caregiver = CG, client = cl, partner = ptnr, hospital = hosp, birth center = bc, midwife = MW, obstetrician = OB, not applicable or not available = N/A, family physician = FP, contractions = ctx, rupture of membranes = ROM, vaginal exam = VE, vaginal birth after cesarean = VBAC, cesarean = c/s, operating room = OR.)

**Doula's Arrival Until Cesarean**

Date & Time	Event	Clients' Reactions (include reactions and needs of other members of the support team)	Caregiver action/statement	Doula's response/assessment
6/2/14 7am	Meet cl and ptnr in lobby of hospital, go to L&D together	Cl looks flushed, is excited to meet her baby today; ptnr excited and nervous	N/A	Share her excitement; reassure both that I will be with them every step of the way

**During Surgery, Cesarean Birth and Delivery of Placenta**

Date & Time	Event	Clients' Reactions (include reactions & needs of other members of support team)	Caregiver action/statement	Doula's response/assessment
6/2/14 10:50 am	Cl received epidural, is in the OR, prepared for surgery	Very nervous, but also excited; Ptnr very worried about health of mom & baby, and about passing out	OB explaining the next steps, what to expect, and where ptnr and doula are to be stationed during surgery; asks for stool for ptnr.	Reassured cl that I will stay with her and report; kept my hand on her shoulder; made sure ptnr could sit next to her and see her face

Doula's name \_\_\_\_\_ Client's name: \_\_\_\_\_

(Abbreviations: Caregiver = CG, client = cl, partner = ptnr, hospital = hosp, birth center = bc, midwife = MW, obstetrician = OB, not applicable or not available = N/A, family physician = FP, contractions = ctx, rupture of membranes = ROM, vaginal exam = VE, vaginal birth after cesarean = VBAC, cesarean = c/s, operating room = OR.)



**Immediate Postpartum Period – First Couple of Hours after Birth**

Date & Time	Event	Clients' Reactions	Caregiver action/statement	Doula's response/assessment
6/2/14 12:35pm	Baby shows signs of readiness for nursing	Cl asks: "Do you think he wants to nurse?" Amazed at how alert and calm baby is. Ptnr on the phone!	Nurse helps latch baby, doesn't ask before touching cl's breast, doesn't use baby-led approach.	Frustrated that nurse assumed cl wanted help; encouraged cl with elements of good latch: big mouth, flared lips; showed partner what to look for.

**Extended Postpartum Contact (Remote and In-Person)**

Date & Time	Event	Clients' Reactions	Caregiver action/statement	Doula's response/assessment
6/8/14 10a-12p	Home visit, baby sleeping	Very happy but getting little sleep and still sore; ptnr back at work already. Cl proud of birth experience & satisfied with care. Wants baby to wake up to show him off!	At pediatric visit baby was back to birth weight, all well with baby. Postpartum OB appointment next wk.	Reviewed birth, shared positive comments. Gave her my birth notes & photos. Referral to local birthing/baby group.

Doula's name \_\_\_\_\_ Client's name: \_\_\_\_\_

(Abbreviations: Caregiver = CG, client = cl, partner = ptnr, hospital = hosp, birth center = bc, midwife = MW, obstetrician = OB, not applicable or not available = N/A, family physician = FP, contractions = ctx, rupture of membranes = ROM, vaginal exam = VE, vaginal birth after cesarean = VBAC, cesarean = c/s, operating room = OR.)

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**Baby Information**

Date of birth \_\_\_\_\_ Time of birth \_\_\_\_\_ Weight \_\_\_\_\_ Length \_\_\_\_\_ APGAR: 1 min \_\_\_\_\_ 5 min \_\_\_\_\_

Any immediate health issues or concerns with the birthing person?      Yes / No      If yes, explain:

Any immediate health issues or concerns with the baby?      Yes / No      If yes, explain:

Transfer to intermediate care or intensive care?      Yes / No      If yes, explain:

Describe the client's emotional journey throughout this entire experience:

Describe your interactions with, and support of, other members of the support team:

Describe what you learned from this support experience:

Doula's name \_\_\_\_\_ Client's name: \_\_\_\_\_

(Abbreviations: Caregiver = CG, client = cl, partner = ptnr, hospital = hosp, birth center = bc, midwife = MW, obstetrician = OB, not applicable or not available = N/A, family physician = FP, contractions = ctx, rupture of membranes = ROM, vaginal exam = VE, vaginal birth after cesarean = VBAC, cesarean = c/s, operating room = OR.)

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## Reference from Client

Birth Doula Certification Candidate \_\_\_\_\_

Doula's mailing address \_\_\_\_\_

It is requested that you complete this recommendation form for the above named doula as one step toward this candidate's certification as a birth doula with DONA International.

I was already familiar with the role of a birth doula prior to speaking with this doula.                      Yes          No

The doula shared with me printed informational materials about birth doulas.                      Yes          No

If yes, please indicate which: \_\_\_ DONA International Position Paper: *The Birth Doula's Contributions to Modern Maternity Care*  
\_\_\_ DONA International's *Standards of Practice* \_\_\_ DONA International's *Code of Ethics* \_\_\_ Other material: \_\_\_\_\_

Please circle the number that most closely reflects your opinion.

**(1) Disagree                      (2) Somewhat Agree                      (3) Mostly Agree                      (4) Strongly Agree                      (5) Completely Agree**

- 1   2   3   4   5                      The doula was able to clearly and concisely explain the role and scope of a birth doula.
- 1   2   3   4   5                      The doula was able to clearly distinguish the role of the birth doula from that of a friend, a birth assistant or a care provider.
- 1   2   3   4   5                      The doula maintained a professional persona throughout our interaction(s) together.
- 1   2   3   4   5                      The doula appeared knowledgeable of local resources for expectant and new parents, such as lactation consultants, breastfeeding suppliers, support groups, agencies, etc.
- 1   2   3   4   5                      I would recommend or refer clients to this doula.

1.    Approximately how long have you known this candidate?
  
2.    Explain your experience with and/or your relationship to this candidate.
  
3.    What strengths have you identified that would complement this candidate's work as a birth doula?
  
  
- 4a.    Have you identified any weaknesses or areas that need improvement, as they would affect this candidate's work as a birth doula?

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Birth Doula Certification Candidate: \_\_\_\_\_

4b. Do you feel that this candidate would be open to learning about these or *any* concerns and ways to overcome them?

5. Have you had *any* occasion to observe how this candidate handles conflict or stress? Yes / No  
If yes, please provide your observations.

6. Provide your observations of how this candidate got along with the care provider, the nurses, the staff and any family members at your birth.

7. Do you have any concerns, in general, in regard to this candidate working with families or health care providers?

8. Would you like to make any other comments or share anything else that we might be interested in knowing?

Your Name: \_\_\_\_\_

Date(s) doula provided labor and birth support to you: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you very much for taking the time to complete this questionnaire. If you have further comments or questions, feel free to contact the DONA International certification committee at the address printed on the letterhead. DONA International reserves the right to contact you with additional questions.

**Please return this completed form to the doula certification candidate in a sealed envelope, so that it may be used for certification purposes.**