



Parents' Birth Report

Parents Name(s)			
Baby's Name		Birth Date	Birth Weight
Weeks pg. at birth		Weeks pg. at start of classes	
HypnoBirthing® Instructor:		Class type (please check): Private Group If group, how many couples?	
Birth Site (please check): Home Hospital Free Standing Birth Center Name of facility: City/State/Province:			
Care Provider (please check): OB-Gyn Family doctor Certified Nurse Midwife Homebirth Midwife Name:			
Birth Companions: Spouse/partner		Doula	
HypnoBirthing Instructor		Other:	

Length of labor Total:		At home:	At birth facility:	Active labor:
At hospital/birth center did you				
Eat	Drink	Use ball	Walk	Use tub
Were you not allowed to do any of the above? If so, why?				
Birthing position:				
What helped most to keep you comfortable during labor and birthing?				
Birthing details				
<u>Natural Birth, no interventions</u> (skip to "Please Rate the Following")				
Onset of labor: Spontaneous		Induced	Reason(s) for induction:	
Induced by (please check all that apply):				
Pitocin/Syntocin		Rupture membranes	Strip/sweep membranes	
Cervical med.		Acupuncture	Castor oil	
Other:				
Comfort measures during labor				
HypnoBirthing and natural measures only			Epidural	
Injection or IV for pain or sleep			Gas & Air	
Labor augmentation				
Pitocin/Syntocin		Rupture of Membranes	Nipple/clitoral stimulation	

Please continue onto next page

Other Interventions					
IV fluids	Antibiotics	Vacuum/suction		Forceps	
Continuous external monitor	Internal or scalp monitor	Episiotomy		Cesarean	
Other:					
Reason(s) for interventions or surgery					
PLEASE RATE THE FOLLOWING					
	Low			High	
	1	2	3	4	5
Comfort level in early labor (up to 6 or 8 cm)					
Comfort level in late labor					
Comfort in birthing phase					
Comfort/sense of well-being first 48 hours after birth					
Health of baby					
Health of mother					
Ease of breastfeeding					
Satisfaction with HypnoBirthing®					
Satisfaction with care provider					
Satisfaction with hospital or birth center staff					
Satisfaction with birthing companions					
How soon after birth did baby nurse?					
Special circumstances/problems:					
What would you do differently?					

Please add additional comments or add your birth story here. (Please indicate if you give your permission to share your birth story for educational purposes.)

Please complete this form and email to debbie@positive-dynamics.com

Or print and mail to:

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