



Previous Birth Experience Questionnaire

Client Name: _____ What # pregnancy is this? _____ What # birth? _____

Baby's First Name: _____ Boy Girl What was the baby's weight at birth? _____

How was your pregnancy? _____

Where and with whom did you have the baby? _____ Hospital w/ OB Hospital w/ Midwife Birth Center w/ Midwife Home w/ Midwife

If your birth was in this town/city, who was your doctor/midwife? _____

Who supported you during your labor and birth? Partner Friend Doula Nurse Midwife Other: _____

What type of birth was this? Vaginal Cesarean
(Emergency/Scheduled/Repeat) VBAC (**V**aginal **B**irth **A**fter **C**esarean)

Did labor start on its own? Yes No At how many weeks gestation? _____

If labor didn't start on its own, how was labor induced? Amniotomy Pitocin Prostaglandin (Prepadil, Cervadil)
Cytotec (Misoprostol) Other: _____

Did your water break on its own? Yes No When did your water break? Before Labor During Labor While Pushing

Were you given Pitocin to move your labor along? Yes No If YES, how far along were you during labor? _____

Did you have an epidural? Yes No If YES, how far along were you during labor? _____

Did you have any pain medication? Yes No If YES, what kind? _____

How long was your labor? _____ For a vaginal birth, how long did you push? _____

Did you have a(n): Episiotomy Tear Neither What
degree was the tear? 1st 2nd 3rd 4th Did you need stitches? Yes No

Was forceps or a vacuum used? Yes No Which? Forceps Vacuum Why? _____

Were there any complications? Yes No If YES, describe: _____

If you had a cesarean birth, why did you have one? _____

