

**Catherine Parker, C.M.T.**  
**Certified Massage Therapist and Birth Doula**  
5156 Cape May Ave  
San Diego, CA 92107  
(619) 757-0062  
Home: (619) 222-1197  
[Catherine@mymassagedoula.com](mailto:Catherine@mymassagedoula.com)  
[WWW.MyMassageDoula.Com](http://WWW.MyMassageDoula.Com)

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## PRENATAL QUESTIONNAIRE

(Please feel free to leave anything blank that you prefer not to share)

### Client Profile

Name/Age \_\_\_\_\_ Partner/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email address \_\_\_\_\_

Estimated Due Date \_\_\_\_\_

Names/Ages of other Children \_\_\_\_\_

Birth Location \_\_\_\_\_

Care Provider (Name/Type) \_\_\_\_\_

Care Provider's Phone Number \_\_\_\_\_

Care Provider's Address, Zip Code \_\_\_\_\_

Previous:      Pregnancies \_\_\_      Miscarriages \_\_\_      Abortions \_\_\_

Will this be a Vaginal Birth After Cesarean: Yes \_\_\_\_\_ No \_\_\_\_\_

If so:    Number of previous Cesareans \_\_\_\_\_      Type of Uterine incision \_\_\_\_\_

Do you smoke? \_\_\_\_\_      If yes, what exactly? \_\_\_\_\_

## **General Information**

1. Give a description of your ANY previous labor and delivery experience. If this is your first, please share any other birth stories that stand out to you. (detail is good!):
2. Is there ANYTHING you would like to have done differently in your first birth? Please answer separately – mom-to-be and birth partner.
3. Please describe your physical health:
4. How is your pregnancy going? Is it what you expected?
5. Are you feeling rested? Restless?
6. List any medications (over-the-counter or prescription) you are currently taking:
7. List any fertility problems, emotional disorders or depression:
8. Have you had any problems with this pregnancy or other pregnancies:
9. What are the most stressful aspects of your life at present? What do you do to counteract this stress?

10. In general, where do you feel tension in your body?

11. Who do you turn to for support? How will these people help as you add a new baby to your family?

**Anticipated Birth (Please have support person fill this part out with you. Include detail!!!)**

1. Imagine your ideal birth. What makes it ideal? (BOTH mom and partner answers)
2. Knowing that birth is sometimes less than ideal, what things in the above scenarios are most important to each of you (aside from a healthy baby and mom)?
3. What are your greatest concerns about this birth? (BOTH mom and partner answers)
4. In the event of an unanticipated cesarean, what things would be most important to you?
5. Who have you chosen to be with you in labor and why, what will their role be?
6. What coping techniques for labor do you plan to use?
7. How do you imagine I can be most helpful to you? (mom and partner answers)
8. What will be the 3 most important elements of your labor and birth? (mom/partner)

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9. Would you like a mirror so you can view the birth of your baby, and help motivate you during the pushing?

**Your baby**

1. In ideal circumstances, how would you like to welcome your child?
2. Who will cut the baby's cord?
3. If mother and baby need to be separated, shall I remain in the room with the mother/go with the baby while partner stays with mother/other wishes?
4. Do you have any special concerns about your child?
5. What are some traits you've already noticed about this baby?
6. Are you planning on breastfeeding or bottle-feeding?
7. If you want to breastfeed, do you have FULL support from partner/family members? Were either you or your partner breastfeed?
8. How often would you like us to be in touch before your baby's birth? (circle one)

We would like to call any time with questions in late pregnancy

At first hint of labor

When anything changes prior to labor beginning

When we decide to go to the birthing center/active labor

9. Are there any:

Medications you are allergic to?

Foods you are allergic to?

Non-foods (eg. Latex)

10. What are your favorite foods? Anything you don't like to eat or drink?

11. Has anyone had access to your body without your permission?

Contact Catherine by phone: cell 619 757-0062; hm (619) 222-1197

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