

# Midwifery Services

Care Throughout A Lifetime

## Introductory Questions

Why do you want a homebirth?

Mom \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dad \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you view the midwife's role and responsibilities in your pregnancy and birth? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you view your role and responsibility in the pregnancy and birth?  
Mom \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dad \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your present understanding of problems which may occur during pregnancy or birth? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any fears or concerns about pregnancy, birth or parenting? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever attended a home birth or know someone who has? \_\_\_\_\_  
\_\_\_\_\_

Have you ever breastfed or know someone who has? \_\_\_\_\_  
\_\_\_\_\_

Have you thought of who you'd like to have at your birth? \_\_\_\_\_  
\_\_\_\_\_

Will your loved ones be supportive of your decision to birth at home? \_\_\_\_\_  
\_\_\_\_\_

Will you have help at home after the birth? Who? \_\_\_\_\_  
\_\_\_\_\_

Please give detailed directions from your house to the nearest hospital in case transport is deemed necessary, or print a map and attach to this form. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will you receive dual care from a doctor or hospital based midwife during your pregnancy? \_\_\_\_\_

Do/will you have a pediatrician? \_\_\_\_\_

Have you ever been abused in any way? Are you in an abusive relationship now? \_\_\_\_\_  
\_\_\_\_\_

Do you smoke? \_\_\_\_ Drink? \_\_\_\_ Use drugs? \_\_\_\_ Take vitamins or herbs? \_\_\_\_ If so, what? \_\_\_\_\_  
\_\_\_\_\_

What do you eat in a typical day? \_\_\_\_\_  
\_\_\_\_\_

How much water do you drink daily? \_\_\_\_\_

Do you exercise? \_\_\_\_\_

Is there any other information you feel may be important for us to know (spiritual, cultural, dietary, physical, emotional, etc)? \_\_\_\_\_  
\_\_\_\_\_