

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?

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)? _____
