

# Labor and Birth Survey

Today's date: \_\_\_\_\_ Baby's birth date: \_\_\_\_\_ Type of birth: \_\_\_ Vaginal \_\_\_ Cesarean

Is this your first baby? \_\_\_ Yes \_\_\_ No If not, how many other births have you had? \_\_\_\_\_

How many centimeters dilated were you when you first arrived at the hospital? \_\_\_\_\_

If you had a cesarean birth, how far did your cervix dilate (in centimeters)? \_\_\_\_\_

How many hours did it take for your cervix to dilate from 4 to 10 centimeters? \_\_\_\_\_

How long did you spend pushing? \_\_\_\_\_ In what position(s)? \_\_\_\_\_

Type of medication received: \_\_\_ None \_\_\_ Analgesia (*pain med injection*) \_\_\_ Epidural \_\_\_ Other \_\_\_\_\_

Types of medical procedures used: \_\_\_ Pitocin \_\_\_ Amniotomy (*membranes broken*) \_\_\_ IV

\_\_\_ Continuous electronic fetal heart rate monitor \_\_\_ Episiotomy \_\_\_ Vacuum extractor \_\_\_ Forceps

Place a mark on the line in the most appropriate place to indicate your satisfaction with your birth.

Extremely satisfied |-----| Extremely dissatisfied

Rate the following items as to how much they helped you during labor and birth by circling the appropriate number:

5=*extremely helpful*; 4=*very helpful*; 3=*moderately helpful*; 2=*helped a little*; 1=*really didn't help at all*; 0=*didn't try*

Knowledge of what to expect	5	4	3	2	1	0
Labor rehearsals in class	5	4	3	2	1	0
Having seen childbirth video	5	4	3	2	1	0
Having practiced at home	5	4	3	2	1	0
Birth plan	5	4	3	2	1	0
Walking and/or dancing	5	4	3	2	1	0
Position changes Birth ball? ___ yes ___ no	5	4	3	2	1	0
Rocking chair	5	4	3	2	1	0
Warm bath and/or shower	5	4	3	2	1	0
Touch relaxation and massage	5	4	3	2	1	0
Music	5	4	3	2	1	0
Focusing on <i>strength</i> (or other aspect of contraction) rather than on <i>pain</i> of contraction	5	4	3	2	1	0
Heat and cold (packs, compresses, etc.)	5	4	3	2	1	0
Focal point	5	4	3	2	1	0
Conscious relaxation (relaxing all muscle groups)	5	4	3	2	1	0
Slow paced breathing	5	4	3	2	1	0
Modified/patterned paced breathing	5	4	3	2	1	0
Visual imagery	5	4	3	2	1	0
Support of labor nurse(s)	5	4	3	2	1	0
Support of physician or midwife	5	4	3	2	1	0
Support of partner	5	4	3	2	1	0
Support of doula and/or additional support person(s): _____	5	4	3	2	1	0
Analgesia ( <i>pain injection such as Nubain, Demerol, etc.</i> )	5	4	3	2	1	0
Epidural anesthesia	5	4	3	2	1	0
Nitrous oxide:	5	4	3	2	1	0
Other:	5	4	3	2	1	0

Please indicate how you feel (felt) about the following statements by marking the most appropriate place on the lines.

1. I felt in control of choosing techniques and procedures that were utilized during my labor & birth.

*Strongly agree* |-----| *Strongly disagree*

2. After taking childbirth classes, but before my baby was born, I expected the pain of labor and birth to be: (*mark both lines*)

*No pain sensation* |-----| *Most intense pain sensation imaginable*

*Not bad at all* |-----| *Most unpleasant feeling possible for me*

3. After my baby was born, I felt the pain of labor and birth was: (*mark both lines*)

*No pain sensation* |-----| *Most intense pain sensation imaginable*

*Not bad at all* |-----| *Most unpleasant feeling possible for me*