

opencircleRI.com  
kaeli@opencircleRI.com  
401-338-5466

## CONTEMPLATIVE BIRTHING WORKSHOP BIRTHING CLASS QUESTIONNAIRE

Dear birthing woman and birth support,

please take some time to think about answers to the following questions. Your answers will help you prepare for the workshop (and birth!) and will help me tailor the workshop to your personal experience, interests and goals.

Your Name \_\_\_\_\_ Birth Support Name \_\_\_\_\_

Today's Date \_\_\_\_\_ Workshop Start Date \_\_\_\_\_

What areas of birth and parenting preparation are you particularly interested in

- Stages of Labor
- Possible Interventions
- Emotions and Labor
- Understanding C-Sections
- Understanding Complications
- Newborn/Postpartum

Labor Support Practices

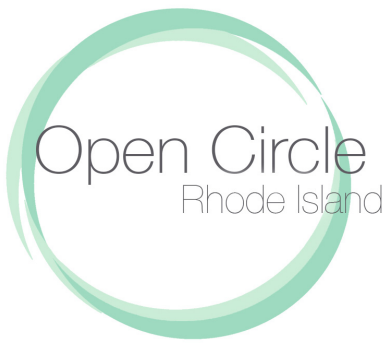
- Breath for labor
- Vocalization
- Partner Supported Positions
- Partner Guided Breath
- Movement for labor
- Pain Coping Methods
- Partner Labor Massage
- Partner Verbal Support
- Mental/Emotional Preparation
- Skillful pushing
- Visualization
- Partner Emotional Support

Informed Choices / Informed Consent and Refusal

- Finding the right provider for your family
- Standard Newborn Procedures and Choices
- Communicating with your medical team
- Creating a Birth Plan
- Understanding Informed Consent and Refusal
- Choosing a birth location (hospital, home, birth center)

Postnatal Care for the Family

- Preparing for Postpartum
- Postpartum Self-Care
- Postpartum Nutrition
- Understanding "baby blues"
- Breastfeeding
- Relationship Care
- Postpartum Challenges
- Understanding Postpartum Depression
- Newborn Care
- Community Support
- Postpartum Resources



opencircleRI.com  
kaeli@opencircleRI.com  
401-338-5466

## LABORING MOTHER QUESTIONNAIRE

What are your hopes and goals for your birth experience? Please be as specific as possible.

---

---

---

---

---

---

---

---

---

---

What are your concerns or fears about your birth experience?

---

---

---

Why is how you birth important to you?

---

---

---

What do you expect/want from your caregivers (midwife/doctor/doula)?

---

---

---

What do you expect/want from your partner/birthing support person?

---

---

---

Discuss areas of strength in your relationship with your birth partner/support

---

---

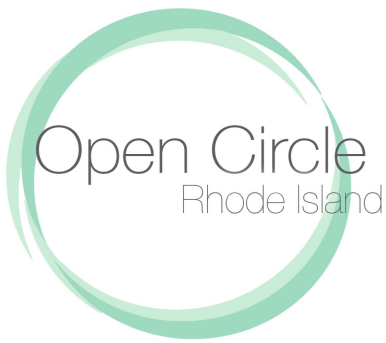
---

Discuss areas of challenge/possible challenge in your relationship with your birth partner/support

---

---

---



opencircleRI.com  
kaeli@opencircleRI.com  
401-338-5466

BIRTH PARTNER/BIRTH SUPPORT QUESTIONNAIRE

What are your hopes and goals for the birth?

---

---

---

---

What are your concerns or fears about the birth?

---

---

---

---

What do you expect/want from the caregivers / medical team?

---

---

---

---

What do you personally want from the birth experience?

---

---

---

---

Where do you see strength in your relationship with the birthing mother?

---

---

---

---

Where do you see potential challenges in your relationship during the birth?

---

---

---

---

If this is not your first labor/birth experience, please discuss your prior experience, and what you would like to change/work on in preparation for this birth.

---

---

---

---