



Childbirth Education Information Sheet

Pregnant Woman's Last Name	First Name	Support Person's Last Name	First Name
Street Address	Mailing Address	City	Zip
Home Phone	Cell Phone	Email	Ages of any other children
Doctor or Midwife's Name	Hospital	Due Date	

May I share the above information with the other class members on a class list? Yes No
 Have you taken a prepared childbirth education class during a previous pregnancy? Yes No
 If so, where? _____
 With this pregnancy, did you take an early pregnancy course? Yes No

Pregnant Woman	Support Person
----------------	----------------

Age: _____ Are you a smoker: Yes No
 Present and/or past occupations: _____

 Educational background: _____

 Do you exercise regularly? Yes No
 If yes, what do you do? _____

How would you rate your diet?
 Excellent Good Fair Poor
 How would you rate your ability to cope with stress?
 Excellent Good Fair Poor
 Would you like to breastfeed? Yes No
 What areas of pregnancy/childbirth do you especially hope to learn about? _____

What are your plans regarding the use of medication for labor and birth? _____

Any special information that you feel the childbirth educator should be aware of? _____

Age: _____ Are you a smoker: Yes No
 Present and/or past occupations: _____

 Educational background: _____

 Do you exercise regularly? Yes No
 If yes, what do you do? _____

How would you rate your diet?
 Excellent Good Fair Poor
 How would you rate your ability to cope with stress?
 Excellent Good Fair Poor
 Would you like her to breastfeed? Yes No
 What areas of pregnancy/childbirth do you especially hope to learn about? _____

What is your understanding of her plans regarding the use of medication for labor and birth? _____

Any special information that you feel the childbirth educator should be aware of? _____



What would you most like to learn and how would you like to learn it?

What are you most interested in learning about in this class?

1 – greatest interest

2 – lesser interest

3 – least interest

- _____ Anatomy review
- _____ Nutrition during pregnancy
- _____ Breathing techniques for labor
- _____ Labor – how it starts and what happens along the way
- _____ Non-drug pain relief measures other than breathing – relaxation, massage, etc.
- _____ Drugs and medication available for labor and birth – epidural anesthesia, narcotics, etc.
- _____ The role of the labor partner – specific ways the labor partner can help
- _____ Hospital procedures and equipment
- _____ Risks and benefits of episiotomy, circumcision, epidural, etc.
- _____ Cesarean delivery information
- _____ Newborn care
- _____ Breast feeding and/or bottle feeding

How do you like to learn? Please rate the following learning techniques:

1 – your favored technique(s)

2 – less favored

3 – least favored

- _____ Lecture
- _____ Handouts, readings
- _____ Small group problem solving and discussions
- _____ Audio visuals – charts, videos, slide showings
- _____ Active involvement – actual practice of techniques

Please help me meet your needs!

List one question you would like answered the first night. Ask anything on any childbirth related topic.

What question/topic would you like to hear discussed among the other men (if you are male) or the other women (if you are female) in the class?

What do you think the most difficult part of labor and birth will be?
