

Birth Location Questionnaire



Facility Name: _____

Address: _____

Phone: _____

Type of Facility: Hospital Birth Center

Types of Care Providers Available:

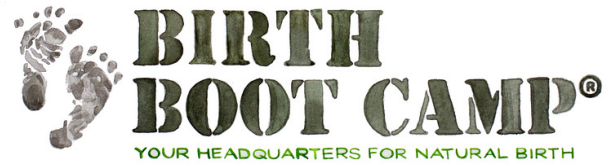
OB CNM CPM/LM

Birth Options:

	Yes	No	N/A
Birth/Labor tub access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shower access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Birth available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to a squat bar?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to a birth stool?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allow video/photography of birth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Welcome older siblings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doula allowed in OR for cesarean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner has option to catch baby?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sterile water injections available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support walking and movement in labor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separate delivery and recovery rooms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candles welcome?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accommodations for hot/cold packs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Notes:

Birth Location Questionnaire Cont.



What is the cesarean rate? Primary? _____

How far must I be dilated in order to stay? _____

How long am I allowed to stay pregnant? _____

How often are women induced? How far along? _____

In what position do most women deliver? _____

How many people are allowed in the room? _____

What is the episiotomy rate? _____

Percentage of women choosing VBAC? _____

What is your VBAC success rate? _____

What alternatives do you offer for IVs? _____

How often do you perform vaginal exams? _____

What is the rate of epidural use in your facility? _____

Are there time restrictions on labor and/or pushing; if so explain?

How long do I stay after the birth (vaginal or cesarean)?

What restaurants and hotels are nearby?

Where can my family wait?

What if other couples are in labor at the same time?
